IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 144004 PIN# ~~4736608455~~ 4736608455 DATE 8-14-07

OWNER OR APPLICANT DANNY LIPPARD PHONE: Business 704-902-4418 Home

ADDRESS PO BOX 692 Statesville NC 28687

LOCATION 21 N @ FT DOBBS RD (R) COUNTY LINE RD Property on RT

SUBDIVISION DOBBS VALLEY BLOCK / SECTION II LOT 30 LOT AREA SITE CLASS. PS DESIGN FLOW 600' L.T.A.R. .5

Septic Tank: 1500 Gallons: STB 328 Date 1-2-08
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet EQ=700 Linear Feet 500'
No Lines 4X125 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A ☒ Gravity ☐ Pressure

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: GRAVITY 25% REDUCTION
Repair System Description: CAN'T
Maintenance Agreement Required: ☐ Yes ☒ No

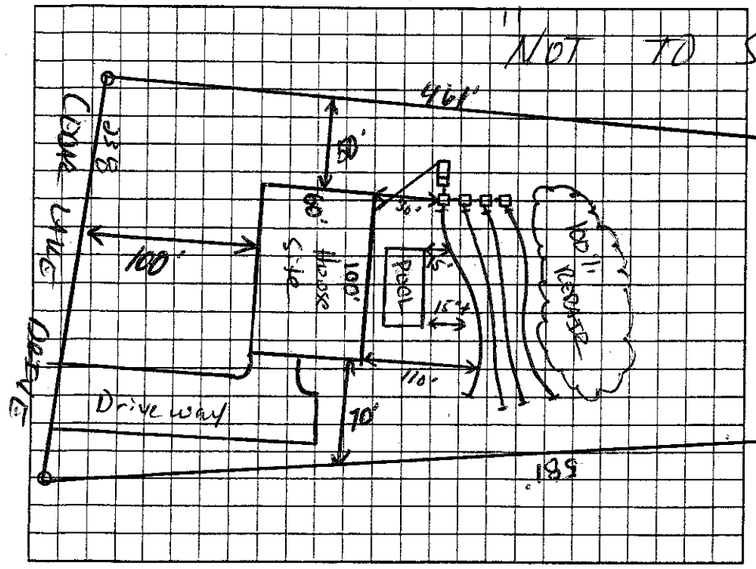
☒ House/Mod. Home No. Bedrooms 5
☐ Mobile Home No. Persons 10
☐ Business No. Employees
☐ Other

Water Supply: ☐ Individual ☒ Public ☐ Community

☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions: (1) HOUSE STAKED (2) OWNER REQUEST 25% REDUCTION SYSTEM (3) NOTE TANK SIZE OF 1500 GALLON (4) BUILDER MAY PUT IN WALK IN CRAWLSPACE ON LOWER SIDE

INITIAL SITE SKETCH



Comments/Conditions: OF Home. IF DONE DO NOT GRADE OUT. Yellow Lay the Septic Mark

AS BUILT SKETCH

Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☒ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: [signature] date 8-22-07 Installed by: DAVID Yount

Improvement Permit by: [signature] date 8-14-07 Operation Permit by: [signature] date 3-13-08

Authorization to Construct by: [signature] date 8-14-07 Existing System Inspection by: date

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK