IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 127755 PIN# ~~4744-69-0932~~ 4742601134 DATE 5/31/05

OWNER OR CONTRACTOR Harold Landreth / Danny M. Lippard Const PHONE: Business _____ Home _____

ADDRESS PO Box 629 Statesville NC 28677

LOCATION 1155, TL Murdock, TR Hoover on Rt at #266

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 3.135Ac SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 1012 Date 5-27-05
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400'
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I ☒ II III, IV, V, VI
System Description: Gravity Conventional
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other _____

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

Water Supply: ☒ Individual ☐ Public ☐ Community

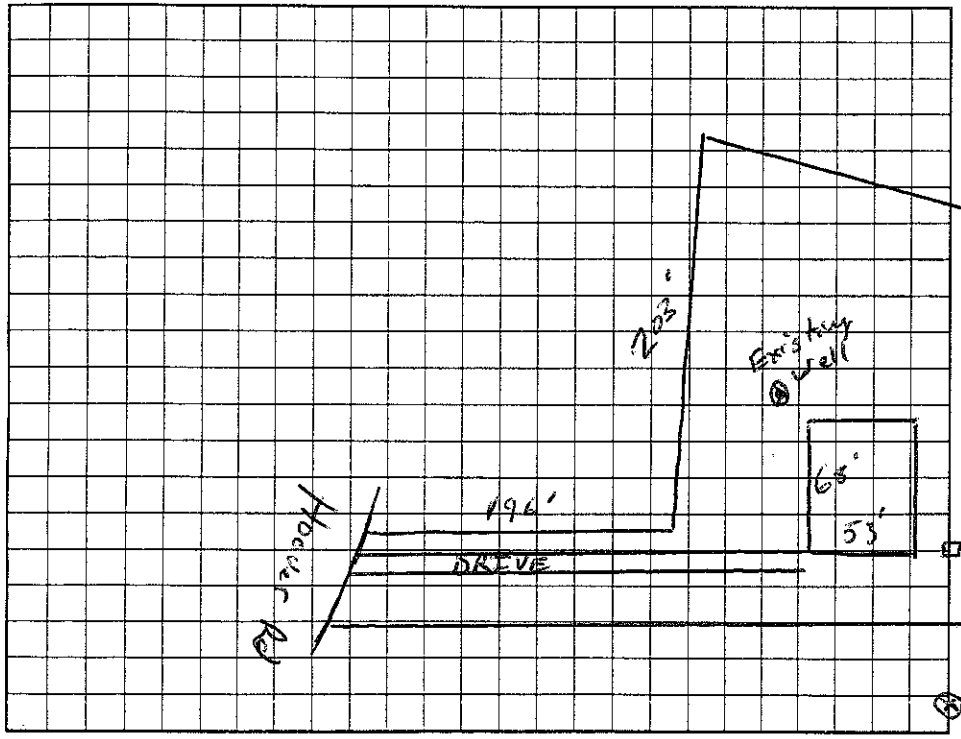
Comments:/Conditions:

1"=100'

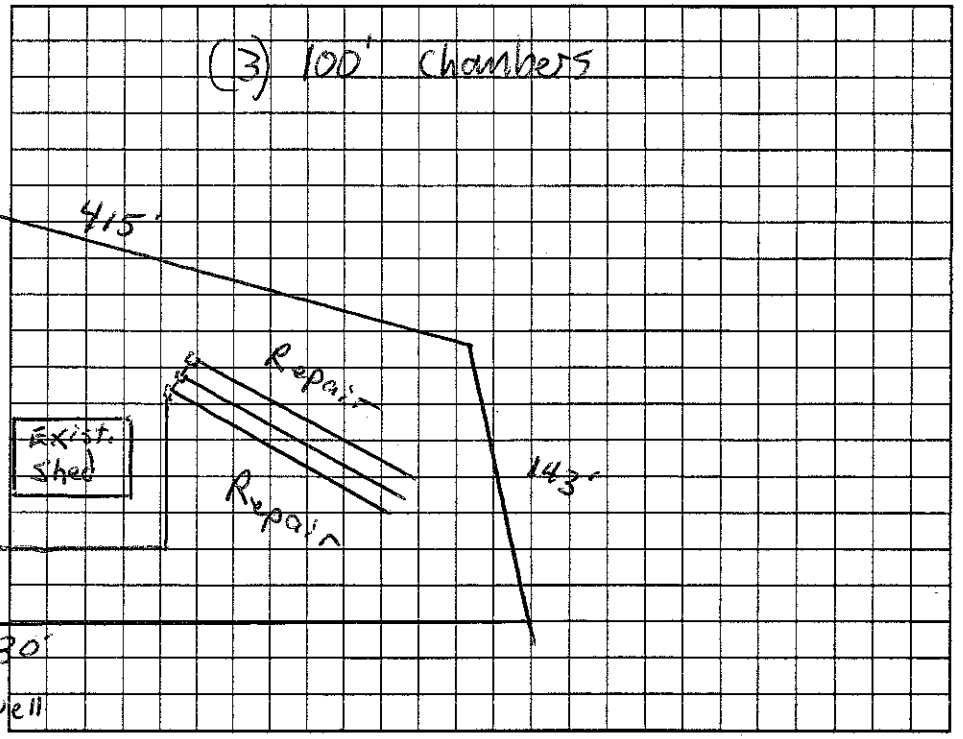
Comments:/Conditions:

Yellow filter no risers w/ ST marker

INITIAL SITE SKETCH



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: _____ date 5-31-05 Installed by: David Vountz

Improvement Permit by: _____ RS date 5/31/05 Operation Permit by: _____ date 1-19-05

Authorization to Construct by: _____ RS date 5/31/05 Existing System Inspection by: _____ date _____

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