IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 148555 PIN# 4774276324 DATE 3-18-2008

OWNER OR APPLICANT Danny M. Lippard Constructor PHONE: Business _____ Home 704-871-1800

ADDRESS PO Box 629 Statesville 28677

LOCATION 64E Hwy (E) New Salem Property on Left

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 10.81 SITE CLASS. B DESIGN FLOW 480 L.T.A.R. .125

Septic Tank: 1000 Gallons; STB 1012 Date 3-17-08

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ____ Square Feet 1920 Linear Feet 480

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: 25% Gravity

Repair System Description: 25% pump

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Persons ____ No. Employees ____

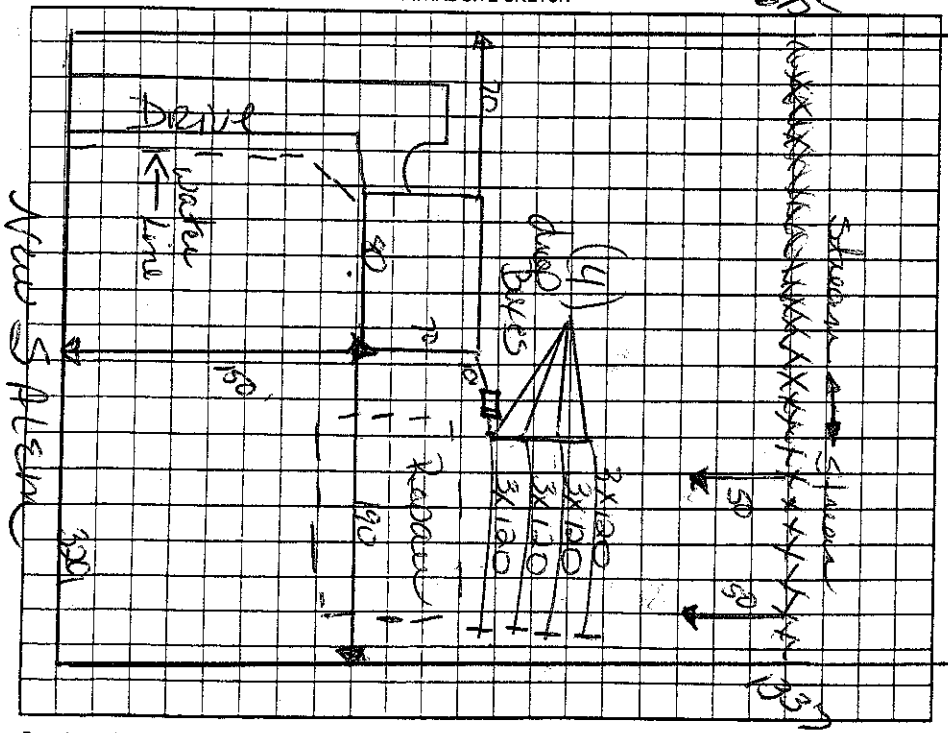
Water Supply: ☐ Individual ☑ Public ☐ Community

☑ Gravity ☐ Pressure ☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

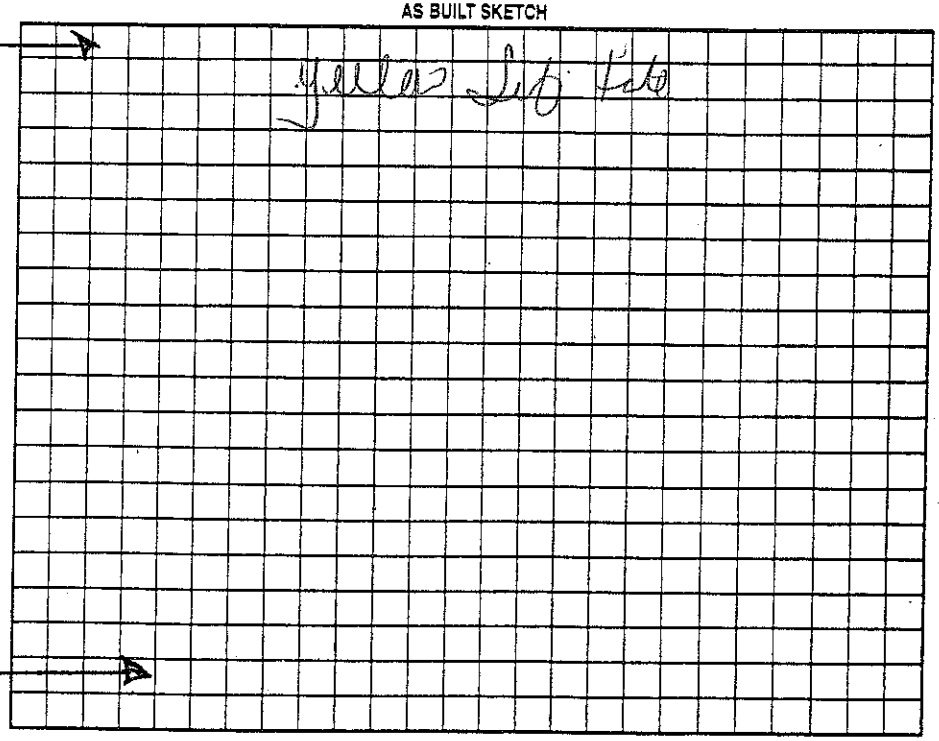
Comments:/Conditions: Install on Contour Maintain all setbacks

Comments:/Conditions: ~~Hoestan~~ Rake and Line Sidewalk

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 X _____ date 3-18-08 Installed by: DAVID Yountz

Improvement Permit by: _____ date 3-18-08 Operation Permit by: _____ date 11-4-08

Authorization to Construct by: _____ date 3-18-08 Existing System Inspection by: _____ date _____

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