IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 18591 DATE June 7, 194 TAX MAP NO. 2P14A31 4637451099 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Danny C. Gabriel PHONE: Business 478-2350 Home LN

ADDRESS PO Box 53 Harmony Ford, NC 28673

LOCATION 150W. Tr Dooley Rd TR Whippowill TR Kingfisher on left

SUBDIVISION Whippowill Woods BLOCK / SECTION LOT 31 LOT AREA 1.1Ac SITE CLASS. A5 DESIGN FLOW 360gpd. L.T.A.R. .13

Septic Tank: 1000 Gallons; STB 901 Date 9-9-94

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4-B 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 2

☐ Business No. Employees

☐ Other

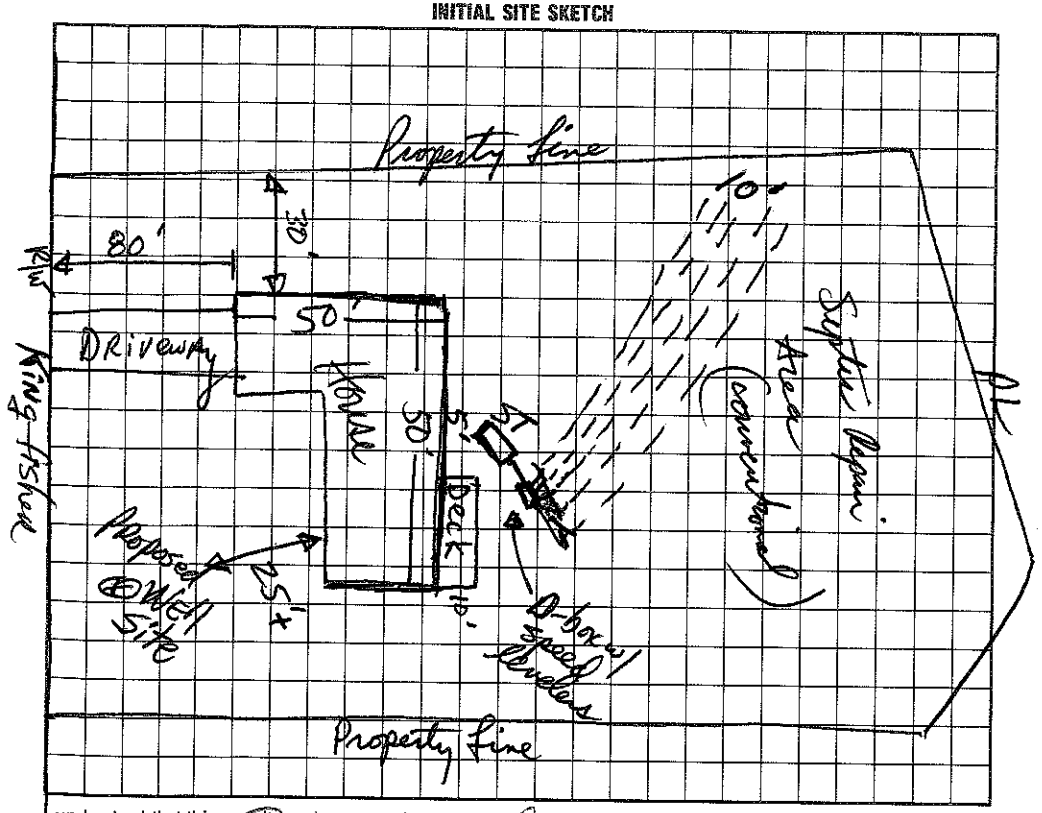
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: follow contour w/ interpiation lines

Comments: Installed as drawn.

INITIAL SITE SKETCH



AS BUILT SKETCH

I understand that this 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 is valid for 60 months from date of issuance.

Signed: Danny C. Gabriel

Improvement Permit by: David R. Lemon RS date June 7, 194

Existing System Inspection by: date

Installed by: Cline - Gilleland

Certificate of Completion by: Wesley Sparks RS. date 10/12/94

Operation Permit by: date

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