4637562 9040

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. 1929.1 DATE Aug 31, '94 TAX MAP NO. 2P14A2 Watershed: ☑ Yes ☐ LN

OWNER OR CONTRACTOR Gabriel Bros. / Thomas L Wallace PHONE: Business 478-2350 Home

ADDRESS PO Box 53 Sherrills Ford NC 28673

LOCATION 150 W. TR Dockie Rd. TR Whippoorwill 2nd lot on Rt.

SUBDIVISION Whippoorwill Woods BLOCK / SECTION LOT 2 LOT AREA 145'x240' SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 901 C&G Date 11-17-94

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields Square Feet 1200 Linear Feet 400

No Lines 3-4 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

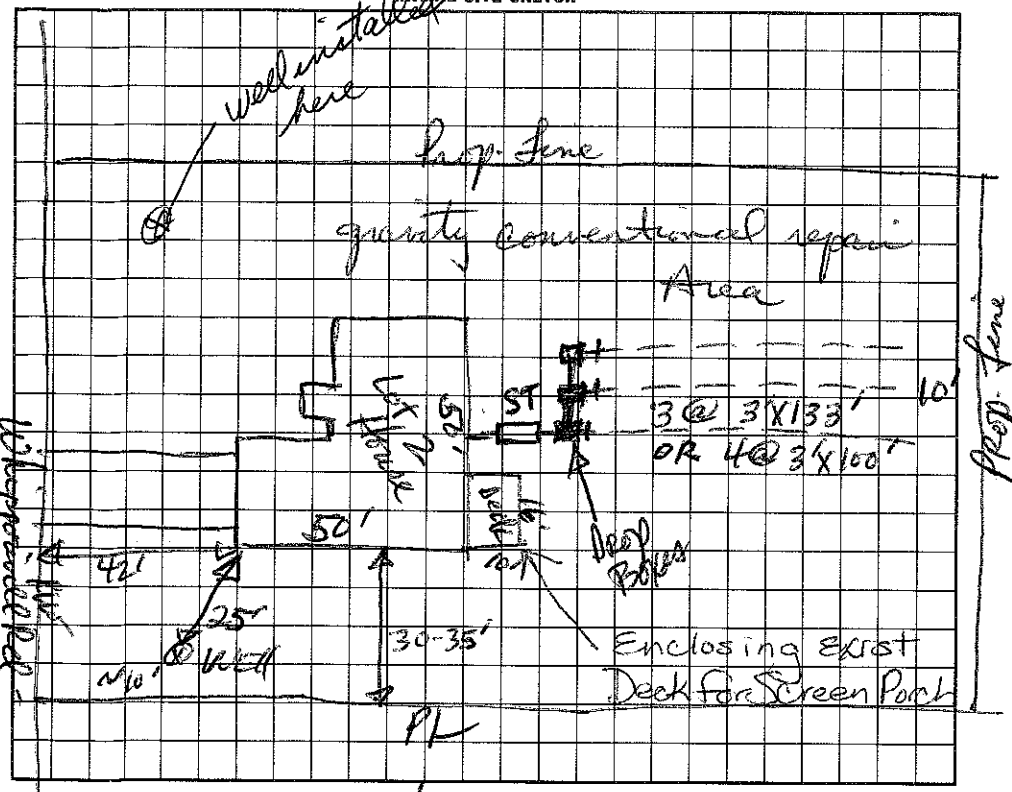
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

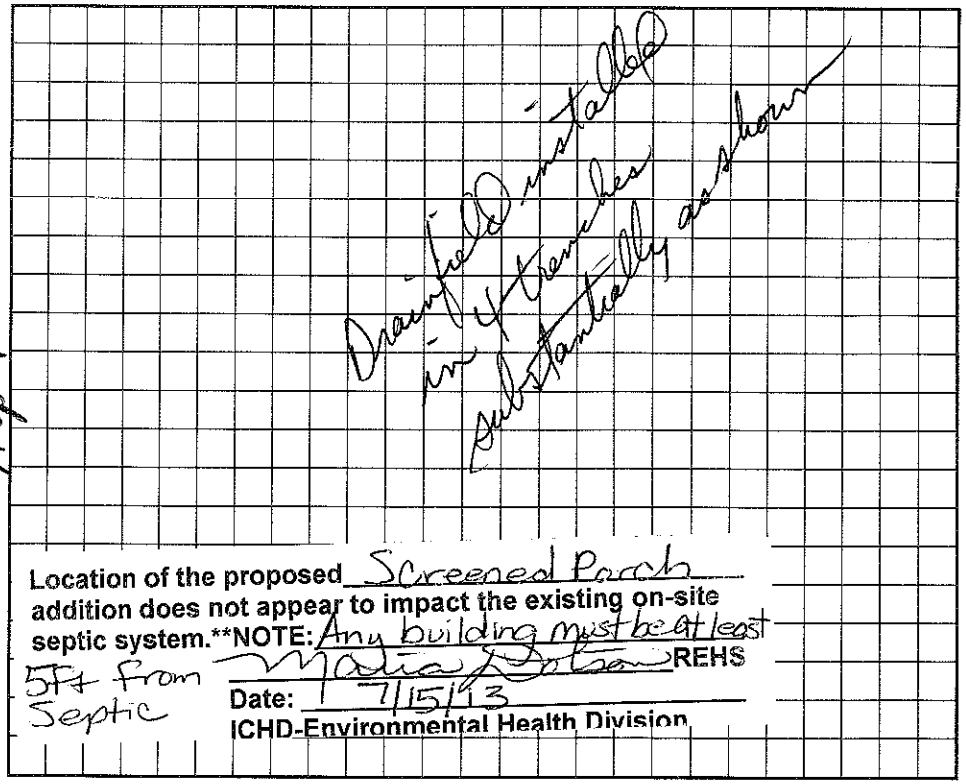
Comments: Follow contour w/ laterals

Comments: Well not installed as shown on initial sketch. Some gravity repair area below initial septic system with remaining repair area above (pumped) and along right side of house

INITIAL SITE SKETCH



AS BUILT SKETCH



Location of the proposed Screened Porch addition does not appear to impact the existing on-site septic system.** NOTE: Any building must be at least 5ft from Septic

Melissa Dotson REHS

Date: 7/15/13

ICHD-Environmental Health Division

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

Improvement Permit by: Jackie K. Hinson, RS date 8/31/94

Existing System Inspection by: date

Installed by: Cline & Gibbeland

Certificate of Completion by: Jackie K. Hinson, RS date 2-9-95

Operation Permit by: date

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