IREDELL COUNTY HEALTH DEPARTMENT

AUTHORIZATION TO CONSTRUCT

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

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

PROPERTY DESCRIPTION NO. 23237 DATE 9/15/97 TAX MAP NO. pt of 2SA 80 4638 762092 Watershed: ☒ Yes ☐ No

OWNER OR CONTRACTOR) ROY GILMAN PHONE: Business 633-6124 SC-LLC Home

ADDRESS SALISBURY

LOCATION 150 W - TR PERTH RD - TL HIDEAWAY LN - GO PAST LOT 1ST TIME - DRIVE IS ON RT

SUBDIVISION HARBORVIEW BLOCK / SECTION 1 LOT 16 LOT AREA .664C SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 15

Pump Tank: 1000 Gallons; PT 37 Date

Pump Make: Model Serial No.

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

No Lines 5@80' Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: PUMP CONVENTIONAL

Repair System Description: PUMP CHAMBERED OR HDS

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees

☐ Other

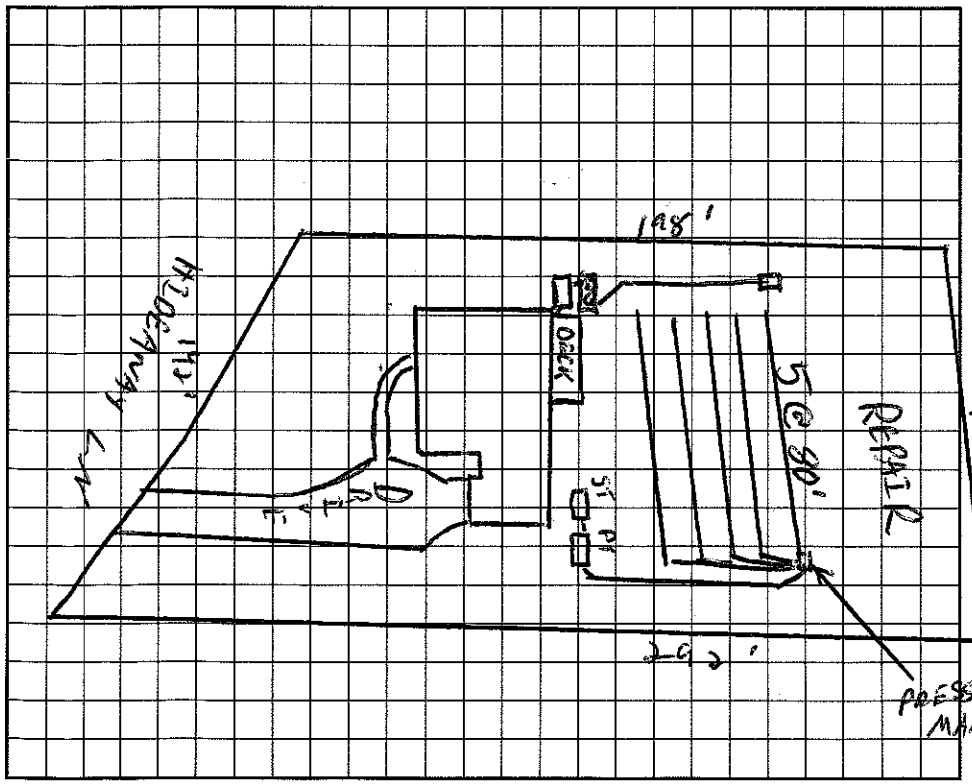
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☒ Community
☐ Public

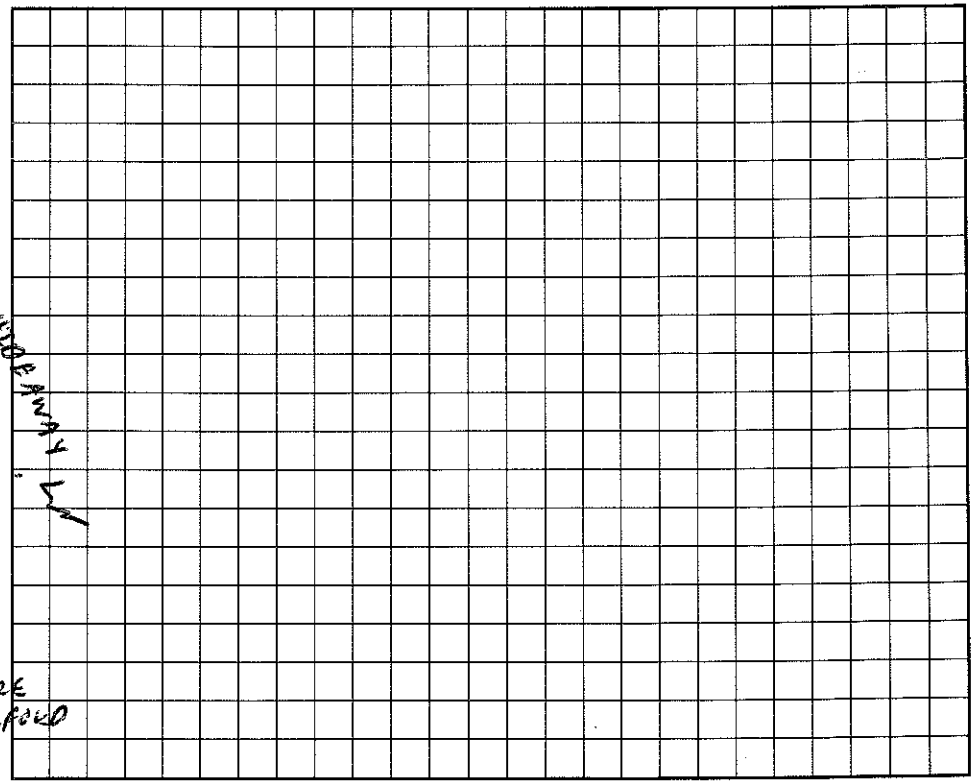
Comments:

Comments:

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:

Improvement Permit by: C. Ray Freeman RS date 9/15/97

Existing System Inspection by: C. Ray Freeman RS date 9/15/97

Installed by: Hinkle Landscaping

Certificate of Completion by: date

Operation Permit by: C. Ray Freeman date 1/14/98

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