DELL 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. 23904 DATE 4/1/97 TAX MAP NO. 3L 10 204 4639 12 8924 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR INGLE BUILDERS PHONE: Business 735-9739 Home

ADDRESS 3145 GATES RD - LINCOLNTON NC 28092

LOCATION 150 W- TR PERTH - TL FERNHILL - TR RIVERBEND- TR CARLSON - LOT ON RT

SUBDIVISION CLAT BLOCK / SECTION 15 LOT 950 LOT AREA SITE CLASS. PS DESIGN FLOW 360GPD L.T.A.R. .36 AD/FT2

Septic Tank: Gallons; STB Date

Pump Tank: EXISTING Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields Square Feet EXISTING Linear Feet

No Lines Trench Width Max Trench Bottom Depth Gravel Depth

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

System Description: GRINDER PUMP TO CONVENTIONAL

Repair System Description: PUMP PANEL

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

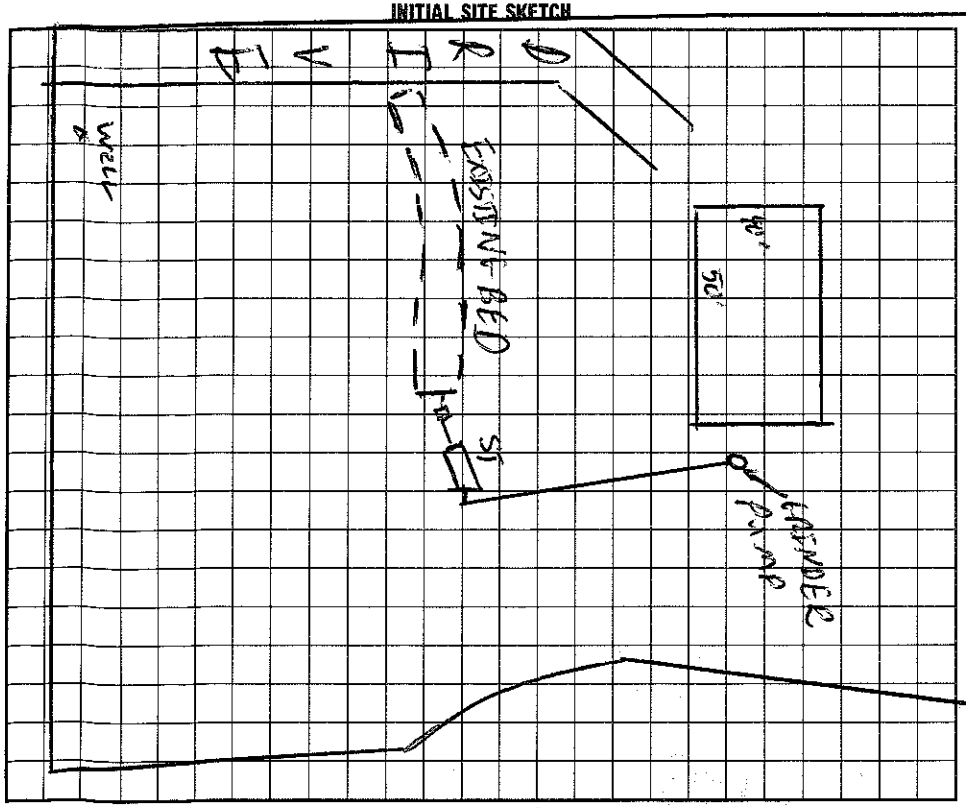
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☑ Individual
☐ Community
☐ Public

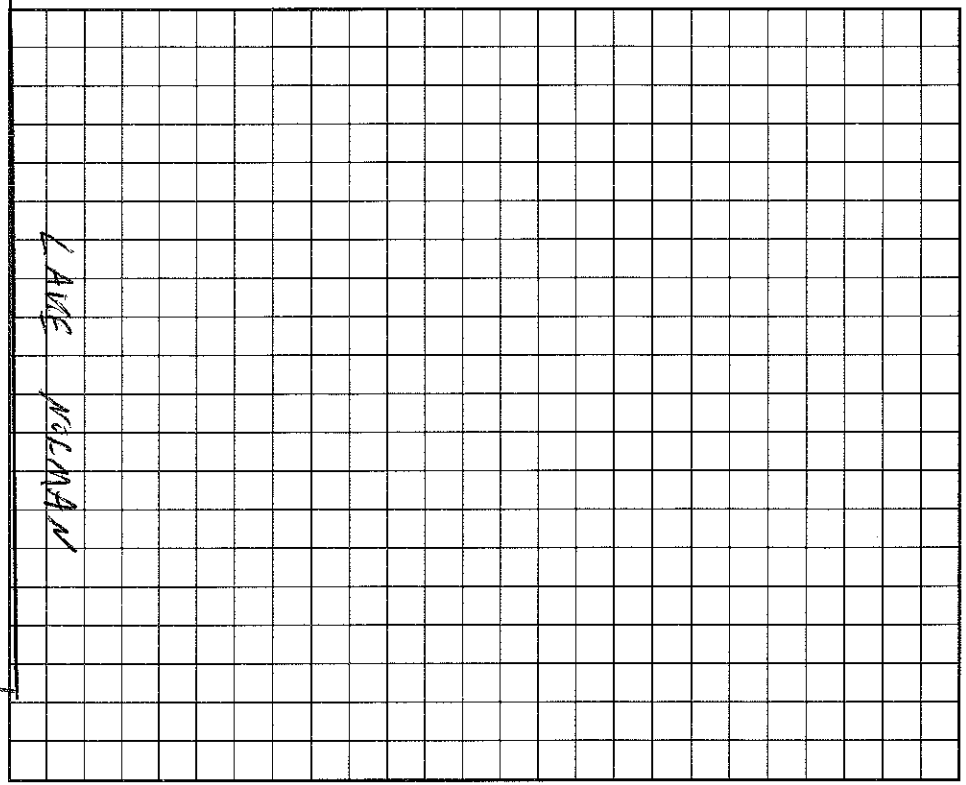
Comments:

Comments: CHANGED FROM ORIGINAL.

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 Thompson date 4/1/97

~~Final~~ System Inspection by: C. Ray Thompson date 4/1/97

Installed by:

Certificate of Completion by: date

Operation Permit by: C. Ray Thompson date 4/16/97

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