4654278807

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PROPERTY DESCRIPTION NO. 24050 DATE June 3, '96 TAX MAP NO. 2A1A12 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Betty Jo Gambell PHONE: Business _____ Home _____

ADDRESS ~~Lot~~ ~~17~~ Presbyterian Rd.

LOCATION 1153. Ft Presbyterian Rd w100' on left

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA Existing SITE CLASS. PS DESIGN FLOW 240gpd L.T.A.R. .03-.35

Septic Tank: 1000 Gallons; STB 794 Date 3/19/96

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 690 Linear Feet 230

No Lines 2@115' Trench Width 36" Max Trench Bottom Depth ~30" Gravel Depth 12"

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

System Description: gravity conventional

Repair System Description: gravity pumped conv.

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 2

☑ Mobile Home No. Bathrooms 1

☐ Business No. Employees _____

☐ Other _____

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

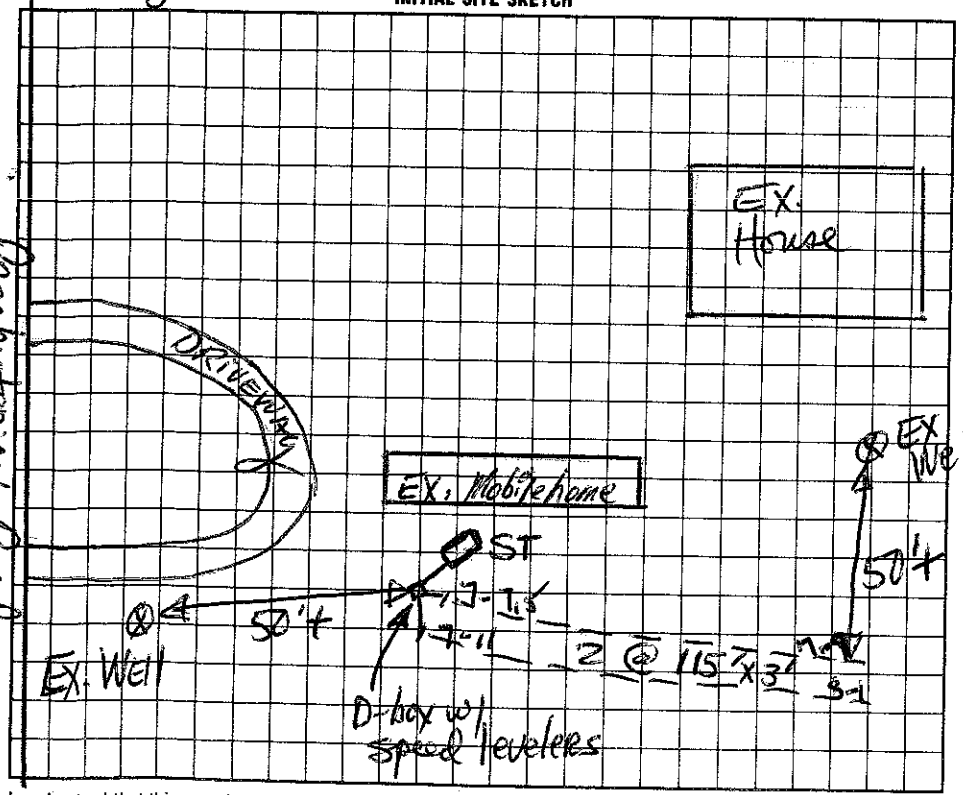
Water Supply: ☑ Individual ☐ Community ☐ Public

Comments:

45 Hwy 115

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.

Signed: ~~X~~ William S. Gamble

Improvement Permit by: Jane D. Hinson RS date 6-3-96

~~Existing System Inspection by:~~ CONSTRUCTION AUTHORIZATION D. Hinson, RS date 6-3-96

Installed by: Bob Mayhew

Certificate of Completion by: _____ date _____

Operation Permit by: Wesley Sparks RS date 6/19/96

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