4676165847

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. Repair DATE 4/22/97 TAX MAP NO. Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Nancy Gabriel PHONE: Business Home 663-1959

ADDRESS 540 Linwood Rd

LOCATION Main St to

SUBDIVISION BLOCK / SECTION LOT LOT AREA SITE CLASS. P.S DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 900' Linear Feet 300'

No Lines 3 at 100' Trench Width 3' Max Trench Bottom Depth Gravel Depth 12"

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

System Description:

Repair System Description: Gravity Conventional

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms

☐ Business No. Employees

☐ Other

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

Water Supply: ☒ Individual ☐ Community ☐ Public

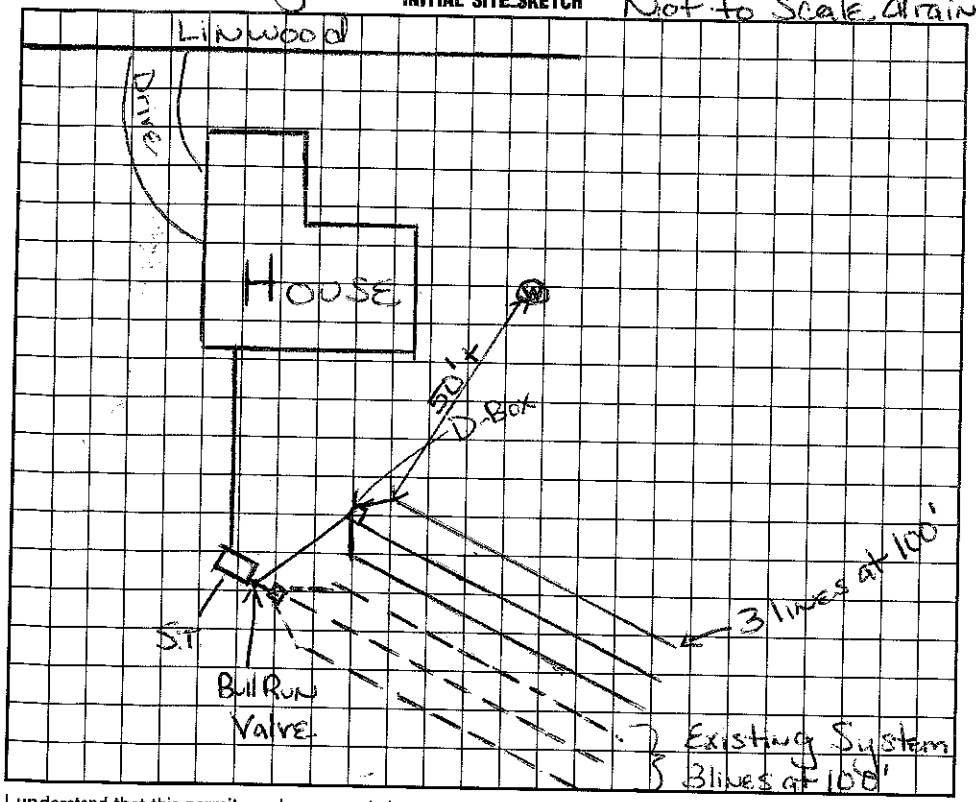
Comments: Keep lines at least 50ft from well

Keep trenches shallow

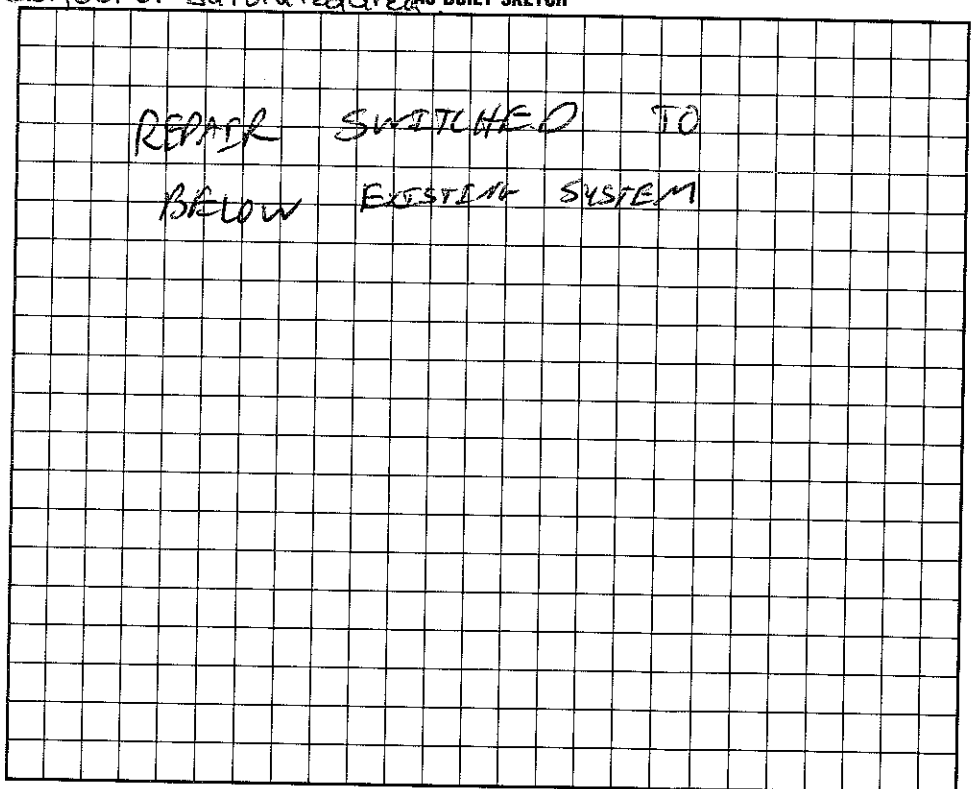
* Talked w/Larry Beam, okay to put repair below existing

Comments:

INITIAL SITE SKETCH Not to Scale, drainfield, out of saturated area



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: Maina Dotson Nancy F. Gabriel

Improvement Permit by: Maina Dotson date 4/22/97

Existing System Inspection by: Maina Dotson date 4/22/97

Installed by: LARRY BEAM

Certificate of Completion by: date

Operation Permit by: C. date 6/6/97

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