IREDELL COUNTY HEALTH DEPARTMENT

4679 125440 (3:30)

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

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

PROPERTY DESCRIPTION NO. REPAIR

OWNER OR CONTRACTOR ~~[illegible]~~ KEN GIBSON DATE 11/24/97 TAX MAP NO. —

ADDRESS 2210 TRIPLETT RD - MOORESVILLE PHONE: Business _____ Home 664-7639 Watershed: ☐ Yes ☒ No

LOCATION 801 N. IL TRIPLETT RD - 7TH HOUSE ON LEFT.

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA — SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. —

Septic Tank: EXISTING Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 600 Linear Feet 50

No Lines 1 BED Trench Width 12 Max Trench Bottom Depth AS NEEDED Gravel Depth 24"

☒ 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 2

☐ Business No. Employees ____

☐ Other _____

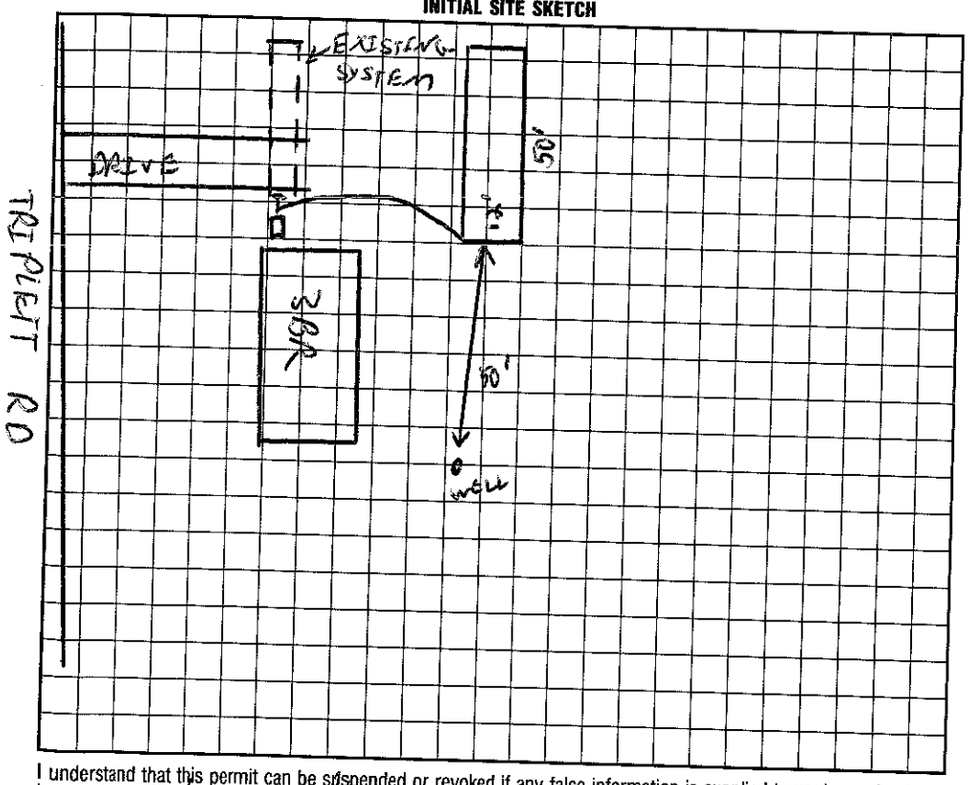
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

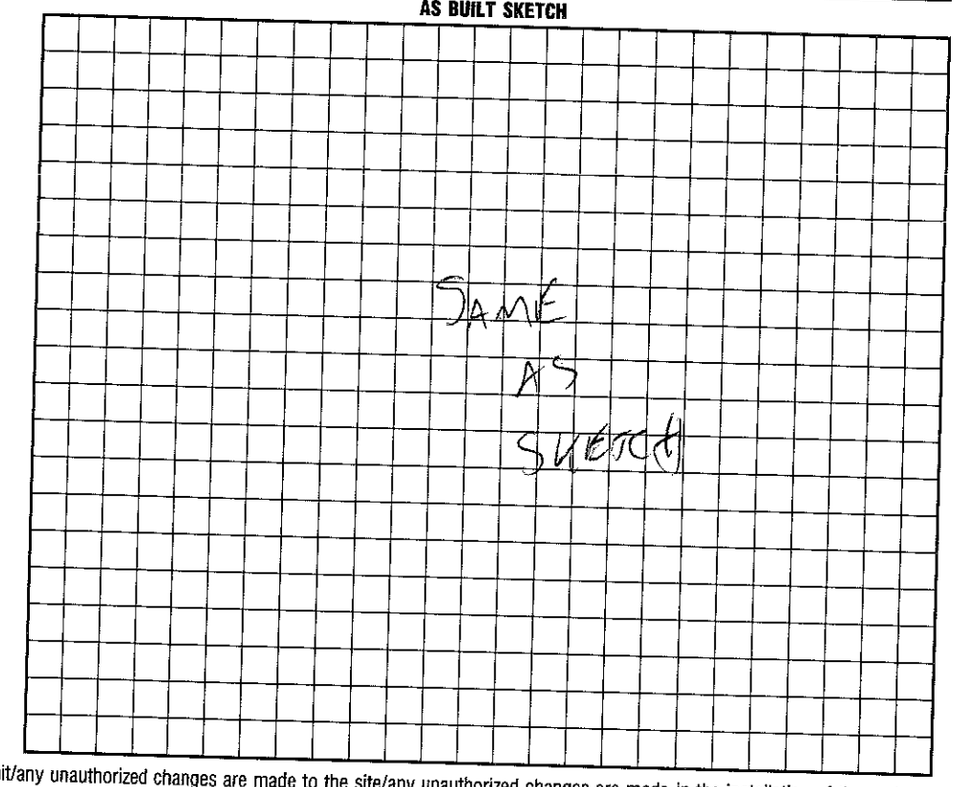
Comments:

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: Thos. A Gibson

Improvement Permit by: C. Ray Freeman date 11/24/97

Existing System Inspection by: C. Ray Freeman date 11/24/97

Installed by: A1 BACKHOE

Certificate of Completion by: _____ date _____

Operation Permit by: C. Ray Freeman date 11/24/97

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