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. 22870 DATE 1-3-96 TAX MAP NO. 9A-9-A-142 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Roddy Gibson PHONE: Business 871-6975 Home 876-6427

ADDRESS 217 N. Bost Street Statesville, NC 28677

LOCATION NC 115 N, TL Scotts Creek, TL Miller Farm, TR Antler, TL Redbuck, TL Morrison Creek, End of Loop

SUBDIVISION Deercroft BLOCK / SECTION III LOT 142 LOT AREA 0.6 Acre SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.25 GPD/Ft²

Septic Tank: 1000 Gallons; STB 1012 Date 3-24-97

Pump Tank: 1000 Gallons; PT 1011 Date 3-25-97

Pump Make: Zoeller Model 267 Serial No 2670002

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480

No Lines 6 Trench Width 36" Max Trench Bottom Depth 18-36" Gravel Depth 12"

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

System Description: Conventional Pump

Repair System Description: PPBPS Gravity

Maintenance Agreement Required: ☐ Yes ☑ No

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

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

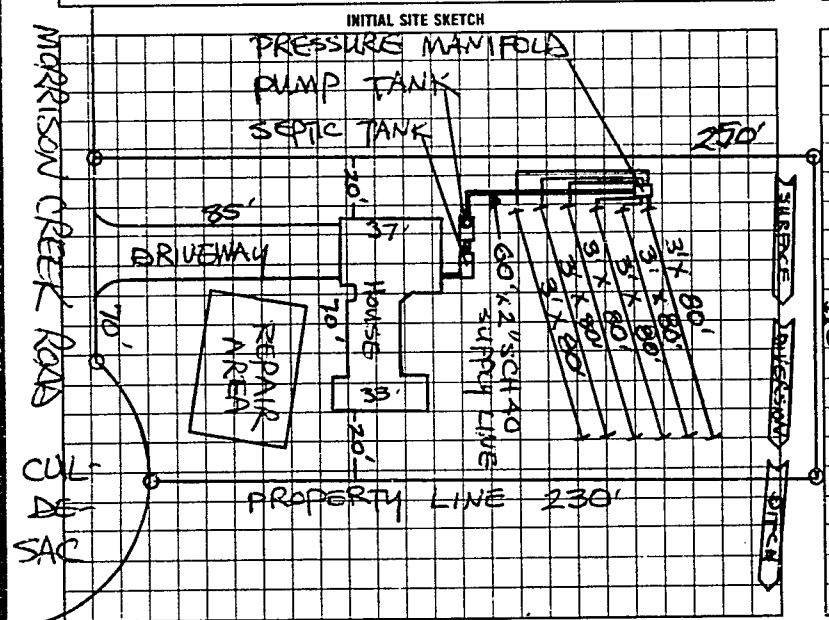
No. Bedrooms 3 No. Bathrooms 2½ No. Employees

Water Supply: ☐ Individual ☐ Community ☑ Public

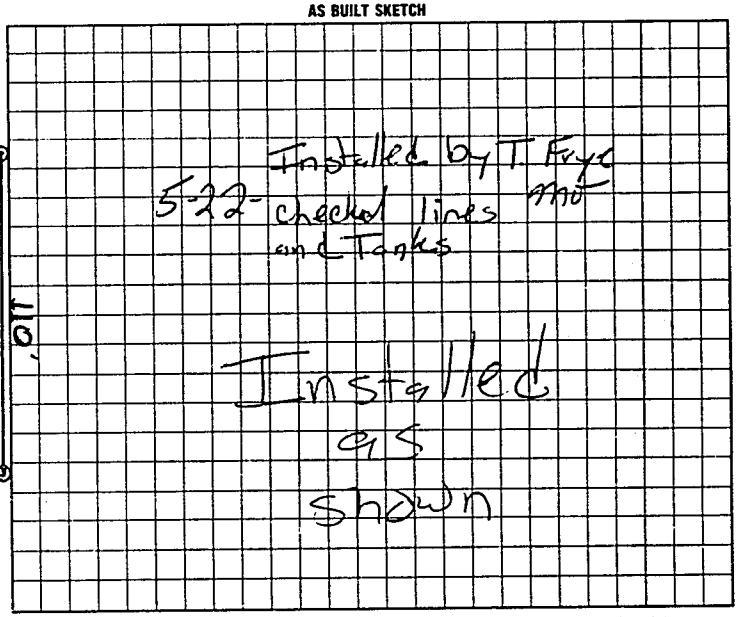
Comments: SEE ATTACHED SHEETS FOR PUMP AND PRESSURE MANIFOLD REQUIREMENTS

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.

AUTHORIZATION TO CONSTRUCT IS VALID FIVE (5) YEARS FROM DATE OF ISSUANCE. IMPROVEMENT PERMIT HAS NO EXPIRATION DATE.

Signed: Roddy R Gibson 1/14/96

Improvement Permit by: STEVE HEDRICK date 1-3-96

AUTHORIZATION TO CONSTRUCT Existing System Inspection by: STEVE HEDRICK date 1-3-96

Installed by: Tommy Frye

~~Certificate of Completion by:~~ date

Operation Permit by: [signature] PS date 6-24-97

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

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