IREDELL COUNTY HEALTH DEPARTMENT

not located 12:30

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

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

PROPERTY DESCRIPTION NO. 19848 DATE 12-6-94 TAX MAP NO. 46-B-31 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Jerry M. Galliher PHONE: Business _____ Home 528 4906

ADDRESS 357 Oswalt Amity Rd Trantham NC.

LOCATION 215 TL Oswalt Amity on left 1 1/8 mi

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1 acre SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 1.35

Septic Tank: 1000 Gallons; STB 620 Date 7-7-94

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Conv. Gravity

Repair System Description: Pump to Conv. Lines

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

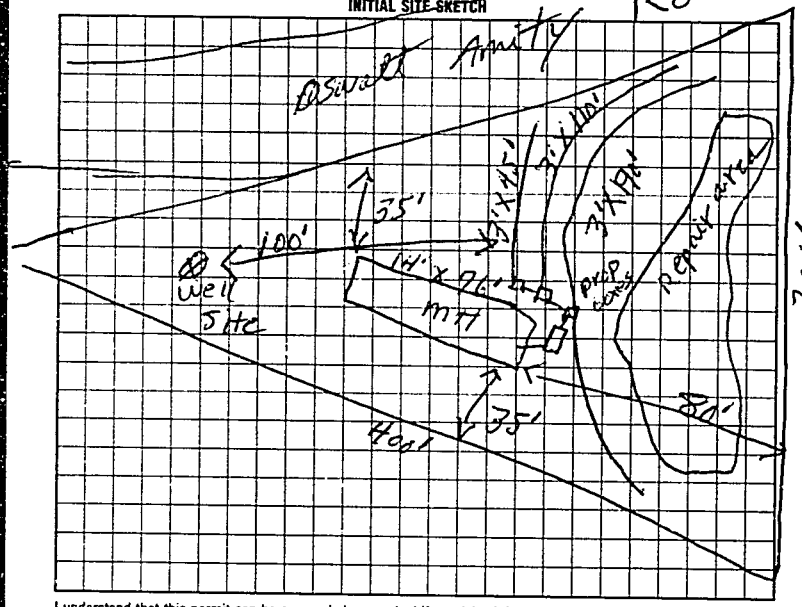
☐ S'lab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

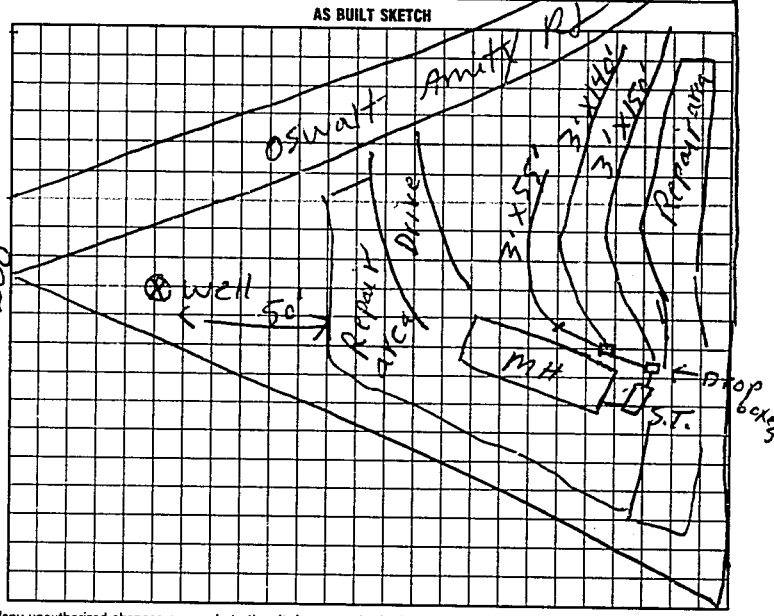
Comments:

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: X Jerry Galliher

Improvement Permit by: P. C. Moore date 12-6-94

Existing System Inspection by: _____ date _____

Installed by: Sammy Reavis

Certificate of Completion by: P. C. Moore date 3-13-95

Operation Permit by: _____ date _____

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

81000