IREDELL COUNTY HEALTH DEPARTMENT

AUTH. TO CONSTRUCT 4770103252 $100

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

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

PROPERTY DESCRIPTION NO. REPAIR DATE 8/30/96 TAX MAP NO. REPAIR Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR GEORGE WILHELM PHONE: Business _____ Home _____

ADDRESS PO BOX 504 FAITH NC 28041

LOCATION 801 N - TL TRIPLETT RD - # 1508 TRIPLETT RD.

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

Septic Tank: 1000 Gallons; STB 794 Date 8/9/96

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 650 Linear Feet 195

No Lines 3 Trench Width 10' Max Trench Bottom Depth AS NEEDED Gravel Depth 24"

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

System Description: GRAVITY BED

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 1

☐ Business No. Employees _____

☐ Other _____

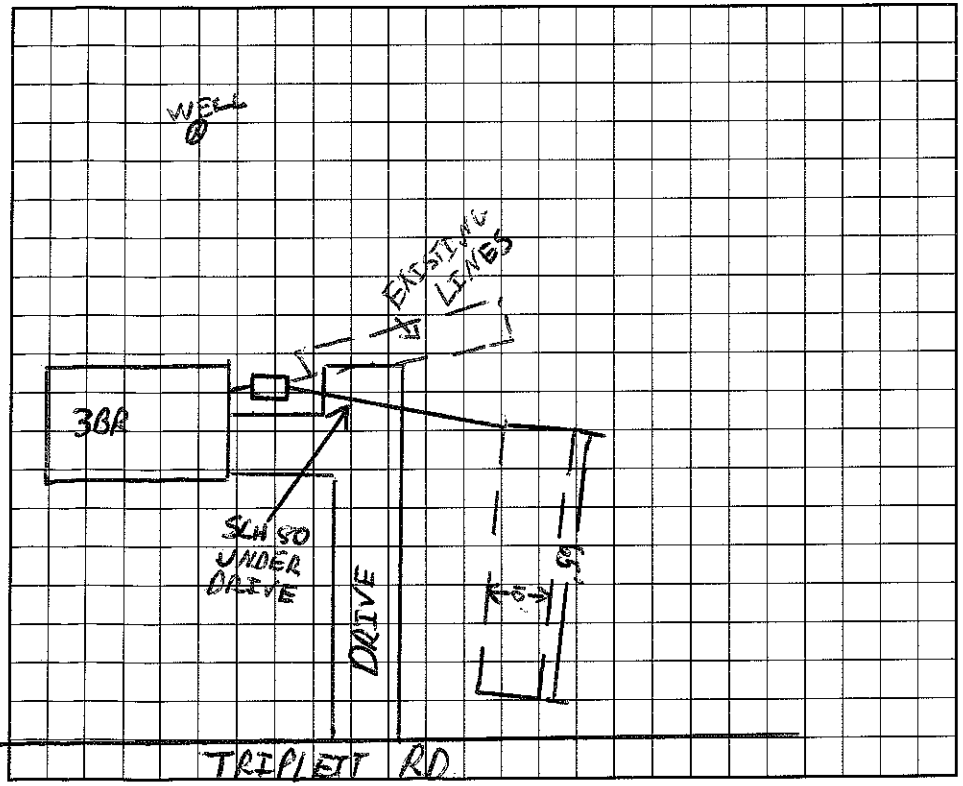
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

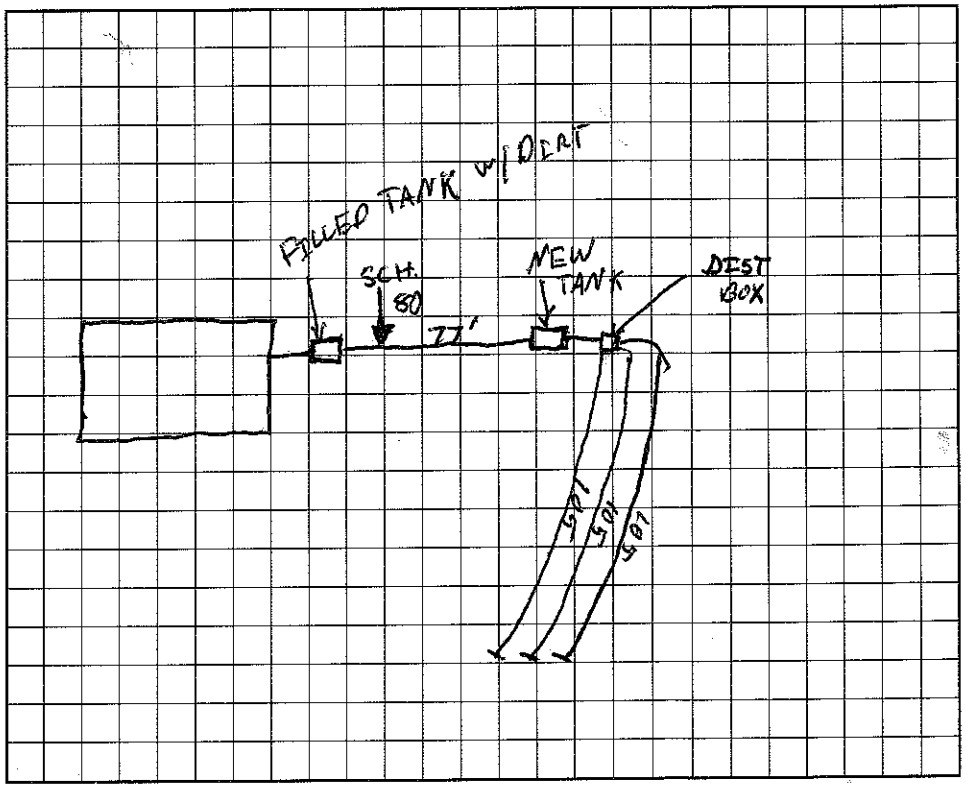
Comments: TANK MAY NEED TO BE REPLACED.

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: _____ Installed by: LARRY BEAM

Improvement Permit by: C. Blythe Freeman EHSI date 8/30/96

AUTH TO CONSTRUCT Existing System Inspection by: C. Blythe Freeman EHSI date 8/30/96

Certificate of Completion by: _____ date _____

Operation Permit by: C. Blythe Freeman EHSI date 9/17/96

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