IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (1:30) MOORESVILLE 704-664-5281 ~~3:30~~

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

PROPERTY DESCRIPTION NO. 24399 DATE August 13, '96 TAX MAP NO. ~~4 [illegible]~~ 4770239419 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Whit Gibson PHONE: Business _____ Home _____

ADDRESS 205 Winding Arbor Circle, Cleveland NC 27013

LOCATION 801 N. TO Triplett Road X creek ~800' on Right

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 11.97Ac SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .05

Septic Tank: 1000 Gallons; STB 794 Date 6/3/96

Pump Tank: 1000 Gallons; PT 27 Date 7/16/96

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 720 Linear Feet 240

No Lines 4@ 60' Trench Width 36" Max Trench Bottom Depth (18") Gravel Depth 12"

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

System Description: pumped-pm-shallow conv.

Repair System Description: same

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

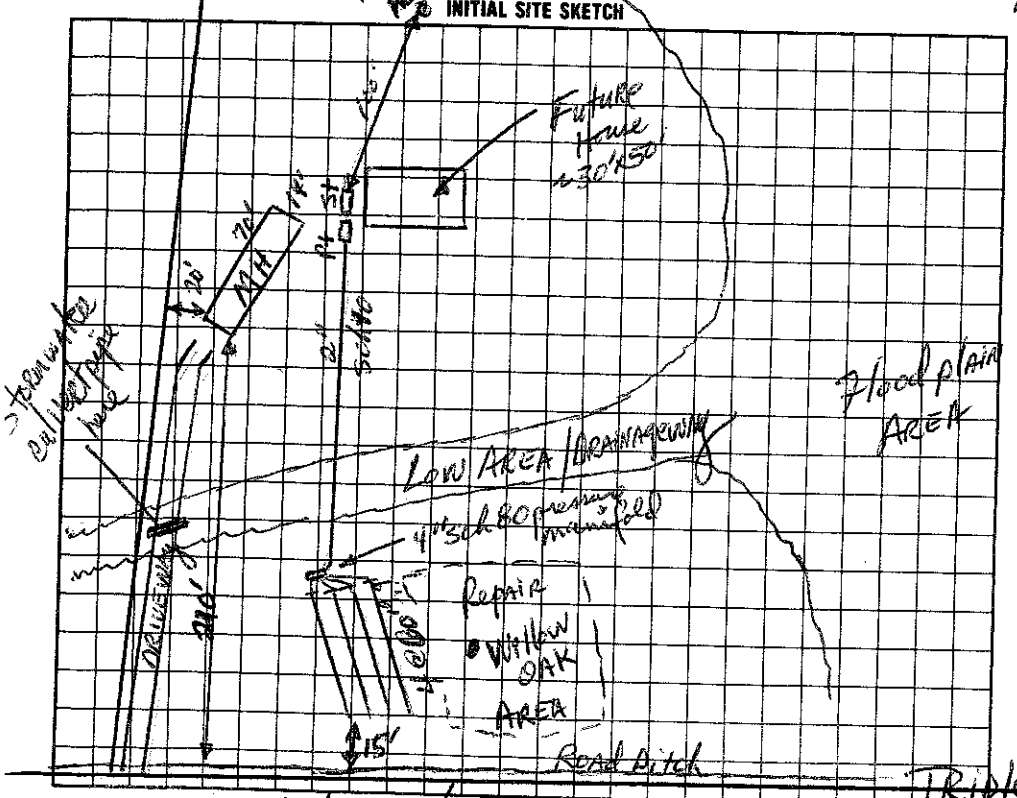
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

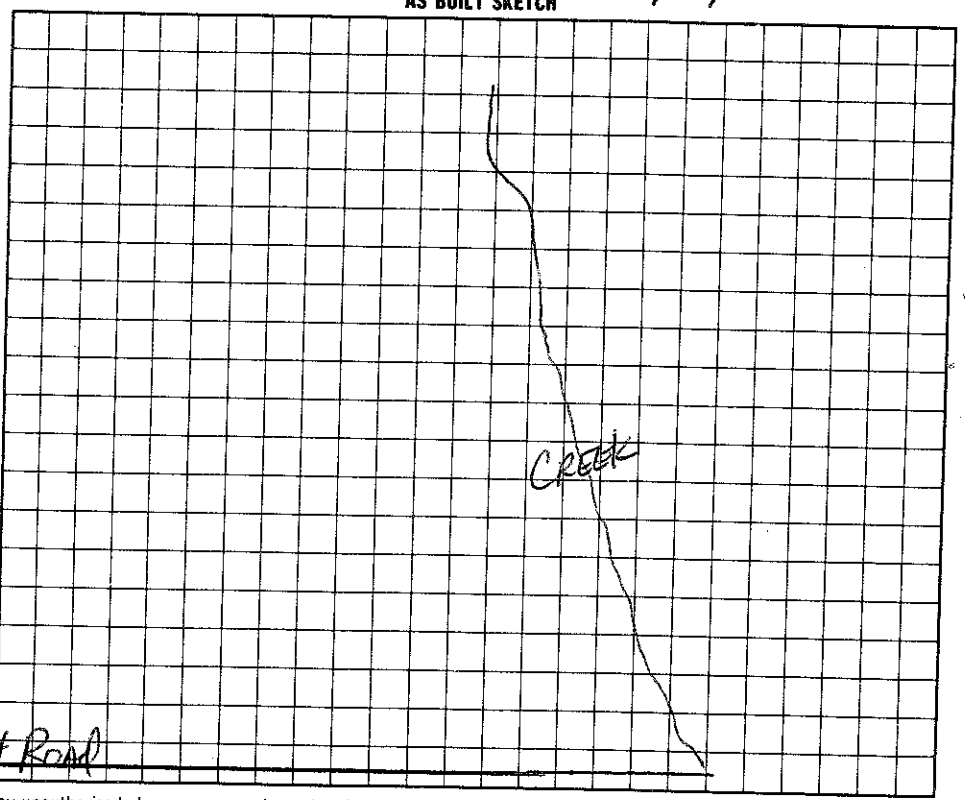
Comments: X Septic System INSTALLER NOTES DRAINfield MUST be SHALLOW 18" trench bottom depth

Comments: DRAINfield AREA MUST NOT be disturbed / graded. DO NOT INSTALL septic system during wet weather conditions. Lines, Tanks, Pressure checked 5/22/96

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: [signature]

Improvement Permit by: [signature] RS date 8-13-96

~~Existing System Inspection by:~~ Authorization [signature] RS date 8-13-96

Installed by: LARRY Beam

Certificate of Completion by: _____ date _____

Operation Permit by: [signature] date 3/7/97

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