IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 89150 PIN# 4770239419

OWNER OR CONTRACTOR WILT GIBSON PHONE: Business _____ Home 528-3212 DATE 5/13/00

ADDRESS 1609 TRIPLETT RD - CLEVELAND NC 27013

LOCATION 801 N - TL TRIPLETT RD - #1609 - ON RT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 2.86 SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .5 gal/ft²

Septic Tank: 1000 Gallons; STB 744 Date 6/3/96

Pump Tank: 1000 Gallons; PT 27 Date 7/6/96

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet _____ Linear Feet _____

No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: PUMP - 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

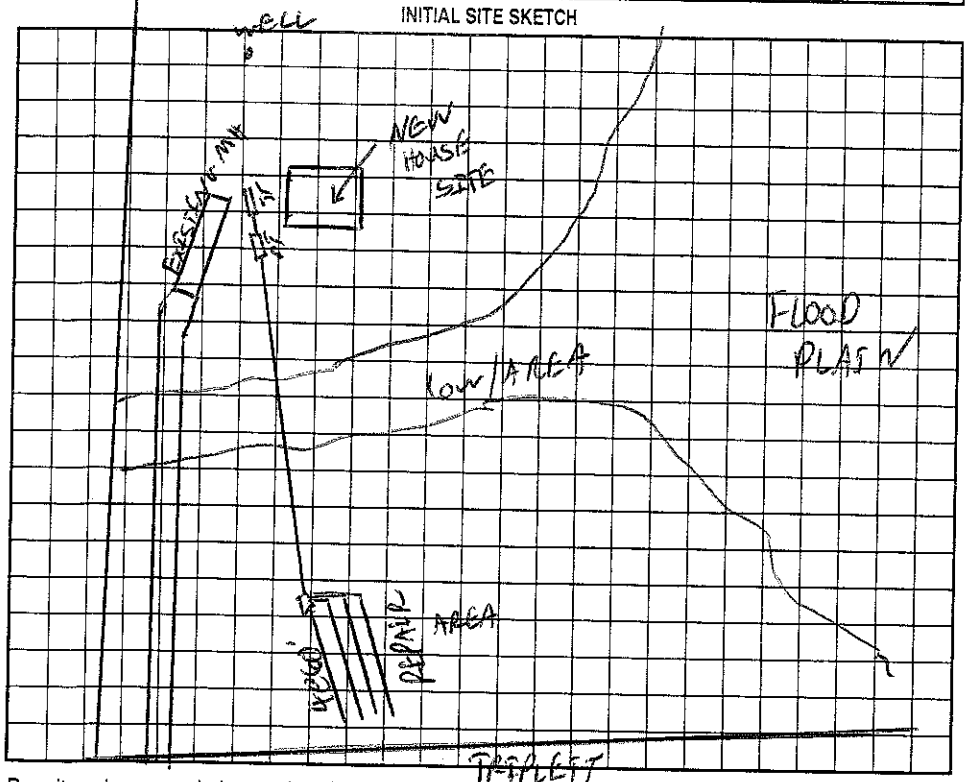
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: REMOVE EXISTING MOBILE HOME WHEN MODULAR IS COMPLETE.

Comments:/Conditions:

SYSTEM INSTALLED 3/7/97
LARRY BEAM

INITIAL SITE SKETCH



AS BUILT SKETCH

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 with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Wilt Gibson date 5/13/00

Improvement Permit by: _____ date _____

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: C. Fry date 5/13/00

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