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. 067861 DATE 7-14-97 TAX MAP NO. 4789923263 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR TOBY GAITHER PHONE: Business A-1 MH - 873-1914 Home 546-7041

ADDRESS 178 CARTNER ROAD, STATESVILLE NC 28677

LOCATION OLD MOCKSVILLE RD NO, TL NO 901, TL RIMROCK ROAD TL 1ST DRIVEWAY, MH 0.3 MILE RHS

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 23.40 Ac. SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 620 Date 5-24-97

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines THREE Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: MAX. FEASIBLE

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth 12"

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other FUTURE 3 BR

No. Bedrooms 2/2 No. Bathrooms ___ No. Employees ___

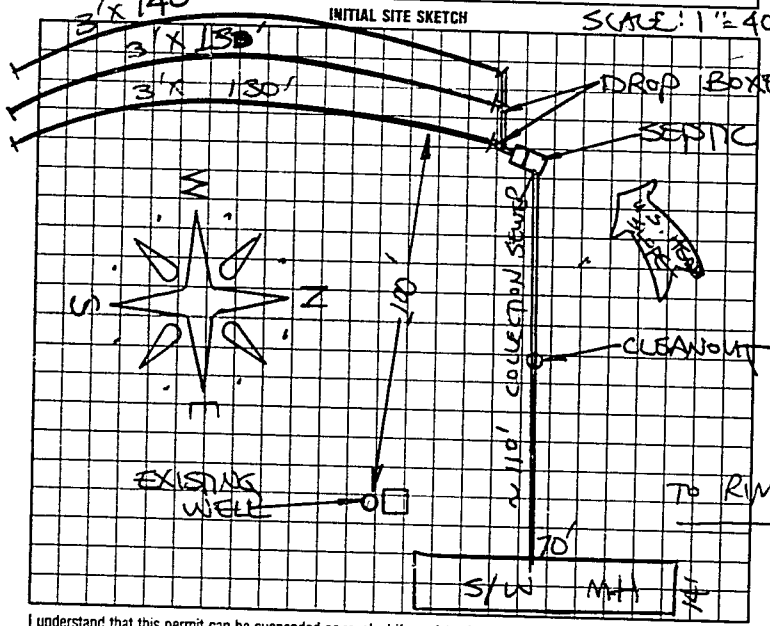
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public, WELL

Comments: KEEP SYSTEM MINIMUM 100' FROM WELL

Comments: * Need to install Cleanout between Tank & MH

INITIAL SITE SKETCH SCALE: 1" = 40'



AS BUILT SKETCH

Installed as shown

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. AUTHORIZATION TO CONSTRUCT IS VALID FOR 60 MONTHS FROM DATE OF ISSUANCE.

Signed: X Toby Gaither

Improvement Permit by: STEVE HEDRICK date 7-14-97

AUTH. TO CONST. Existing System Inspection by: STEVE HEDRICK date 7-14-97

Installed by: Sammy Reavis

~~Certificate of Completion by:~~ _____ date _____

Operation Permit by: Mark C. Ost RS date 8-1-97

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