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. 069277 DATE 9-17-97 TAX MAP NO. 4801 89 3113 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR RODDEY H. GIBSON PHONE: Business _____ Home 878-6427

ADDRESS 217 N. ROBST ST. STATESVILLE NC 28677

LOCATION NC 115 N, TL MTN VIEW RD, TR BACON ROAD, TR M & M LANE, AT END ON RIGHT

SUBDIVISION _____ BLOCK / SECTION _____ LOT 1 LOT AREA 6.9 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1017 Date 3-20-98

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

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

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONV. GRAVITY

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

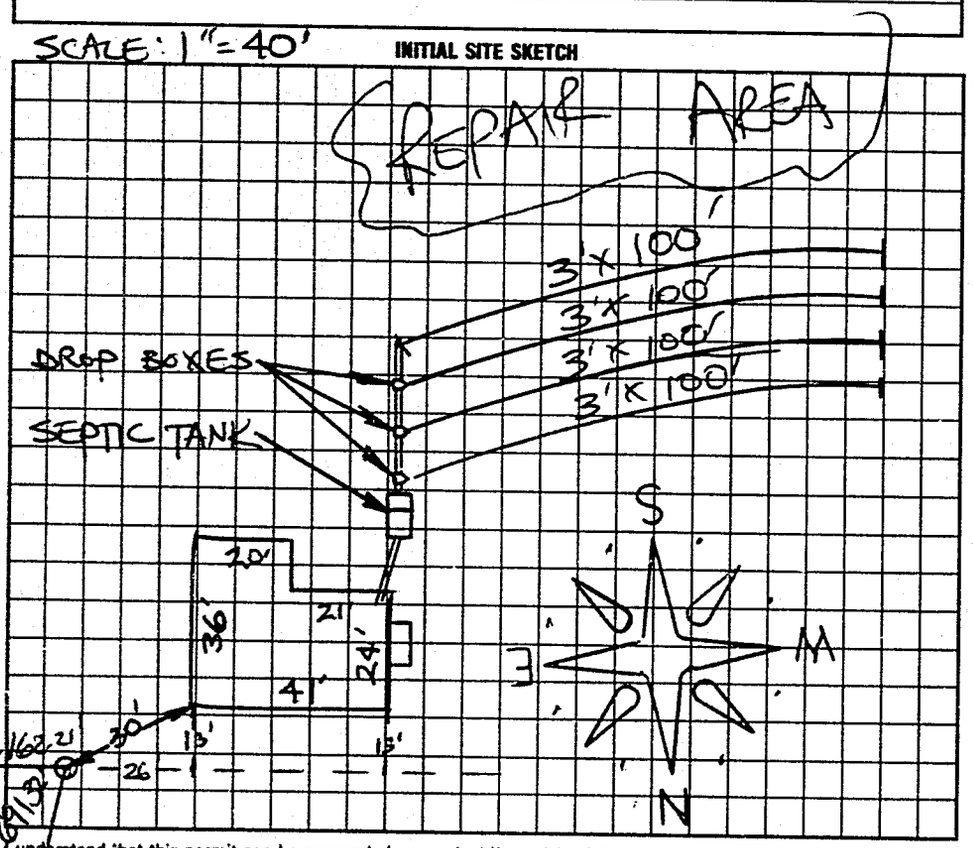
Water Supply: ☒ Individual ☐ Community ☐ Public WELL

Comments: SEE ATTACHED PLAT

Comments: Note Hooking up Double Wide will Build at later date

SCALE: 1"=40'

INITIAL SITE SKETCH



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: Roddey H. Gibson

Improvement Permit by: STEVE HEDRICK date 9-17-97

AUTH. TO CONST.

~~Existing System Inspection~~ by: STEVE HEDRICK date 9-17-97

Installed by: Jimmy Frye

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

Operation Permit by: Mary Coutts date 5-22-98

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