IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-6281 54359

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

PROPERTY DESCRIPTION NO 19877 DATE 1/20/95 TAX MAP NO 16B-A-2 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR JAMES T. GALTHER PHONE Business ____ Home 539-5172

ADDRESS RT. 1 BOX 150, OLIN NC 28660

LOCATION US 21 N, TL JENNINGS, TR HUIE ROAD, ~0.25 MILE ON LEFT

SUBDIVISION ____ BLOCK / SECTION ____ LOT ____ LOT AREA 4 ACRES SOIL CLASS P5 DESIGN FLOW 360 T / A H 0.30 GPD/FT

Septic Tank 1000 Gallons STB TD12 Date 2/10/95

Pump Tank ____ Gallons PT ____ Date ____

Pump Make ____ Model ____ Serial No ____

Nitrification Field No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 3 Trench Width 36" Max Trench Bottom Depth 18-36" Gravel Depth 12"

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 3 No. Employees ____

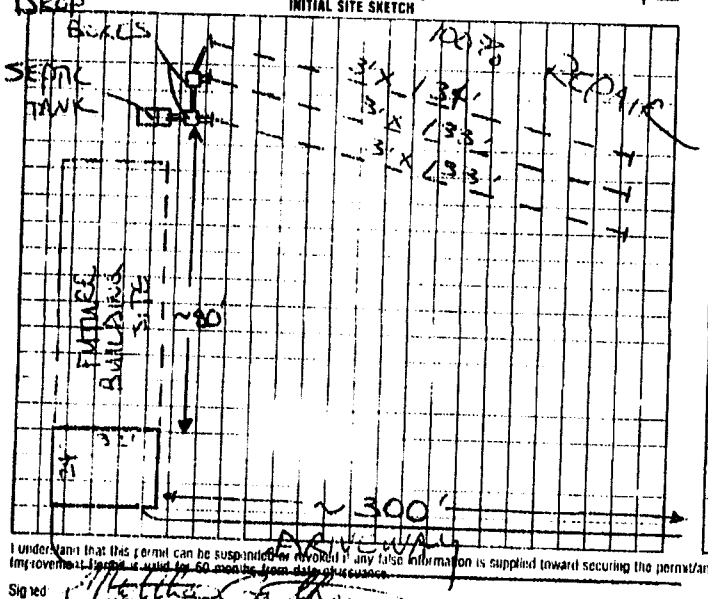
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Individual ☐ Community ☒ Public WELL

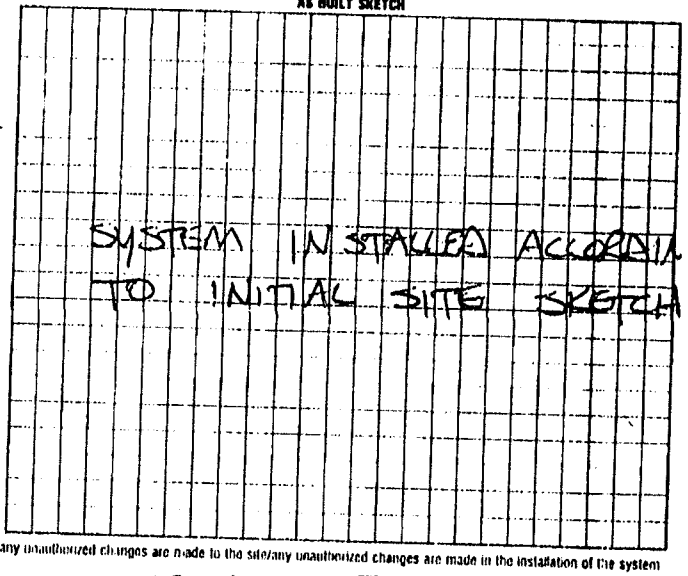
Comments ① KEEP SYSTEM MINIMUM 5' FROM BUILDING FOUNDATION, 10' FROM PROPERTY LINE, 100' FROM WELL ② INSTALL LINES ON CONTOUR, NO DEEPER THAN 24", 9' APART MINIMUM C/L CENTER

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 improvement permit is valid for 60 months from date of issuance.

Signed ____

Improvement Permit by: STEVE HENDRICK date 1/20/95

Existing System Inspection by ____ date ____

Installed by TOMMY FRYE

Certificate of Completion by STEVE HENDRICK date 9/19/9

Operation Permit by ____ date ____

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

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