48997

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. 17155 DATE 10-7-93 TAX MAP NO. 85-1-A-20

OWNER OR CONTRACTOR Chris Davidson PHONE: Business Home 528-6192

ADDRESS P.O. Box 3602 Statesville, N.C. 28677

LOCATION I40W TR Old Mtn. Rd. TL West Iredell Circle, BEAR (L), LOT NEAR END ON (L)

SUBDIVISION West Iredell Sites BLOCK / SECTION LOT 20 (77-80) LOT AREA ≈ 100' x 200' SITE CLASS. P.S. L.T.A.R. .35 gpd/ft²

Water Supply: ☐ Individual ☐ Community ☑ Public county water

Septic Tank: 1000 Gallons; STB 1012 Date 8/20/93

Pump Tank: — Gallons; PT — Date —

Nitrification Field: No Fields 1 Square Feet 690 Linear Feet 230'

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

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

System Description: conventional, gravity " "

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms 1

☐ Business No. Employees —

☐ Other

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

Garbage Disposal: ☐ Yes ☑ No

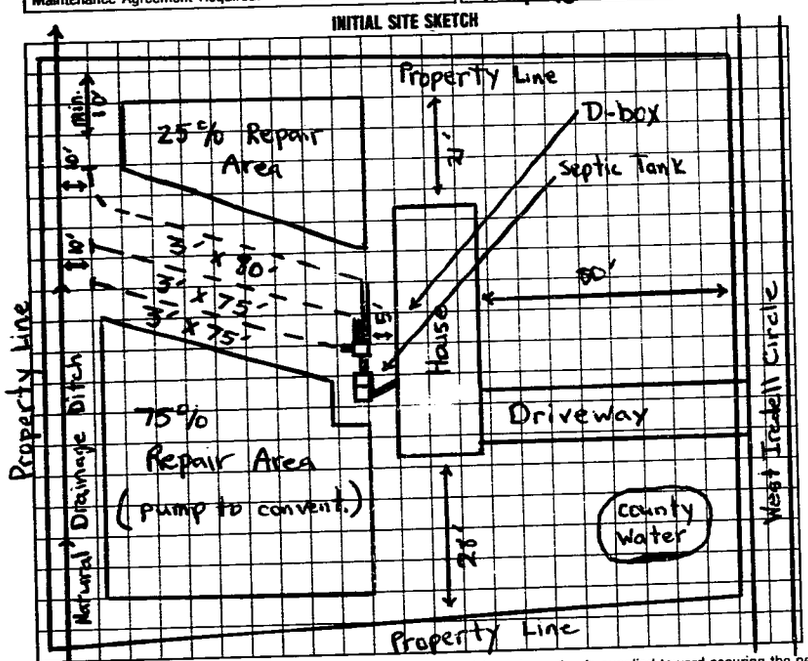
Auto. Dishwasher: ☑ Yes ☐ No

Auto. Washing Machine: ☑ Yes ☐ No

Other

Comments Keep Nitrification Lines on contour. Keep system 5' from foundation of home, 10' from all property lines, 10' from water line, and 10' from drainage ditch. 25% Repair Area below system, conventional, gravity fed. 75% Repair Area above system, Pump to conventional. Also some gravity repair area in front of home.

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE 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: Mark Kafe

Improvement Permit by: Michael J. Dennis date 10-7-93

Existing System Inspection by: date

Installed by: FORREST STAFFORD

Certificate of Completion by: STEVE HENDRICK date 10/21/93

Operation Permit by: date

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