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. 15524 DATE June 4, 1993 TAX MAP NO. 2F-3C-5

OWNER OR CONTRACTOR Charles A. Davis PHONE: Business 4626-03-0710 Home (407) 694-1310

ADDRESS P.O. Box 14213 N. Palm Beach, Florida 33408

LOCATION Court

SUBDIVISION ~~Pine Knoll Court Estate~~ BLOCK / SECTION BLKC LOT 5 LOT AREA .876AC SITE CLASS. PS rule 1950 L.T.A.R. .3 gal/ft²/day

Water Supply: ☑ Individual ☐ Community ☐ Public

Septic Tank: 1500 Gallons; STB 747 Dellinger Date 12-12-93

Pump Tank: _____ Gallons; PT _____ Date _____

Nitrification Field: No. Fields 1 Square Feet _____ Linear Feet 270

No. Lines 5 Trench Width 24" Trench Depth * 22"-26" Gravel Depth NA

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

System Description: GRAVITY PPBPS

Repair System Description: GRAV/Pressure PPBRS

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4 Garbage Disposal: ☑ Yes ☐ No

☐ Mobile Home No. Bathrooms 3½ Auto. Dishwasher: ☑ Yes ☐ No

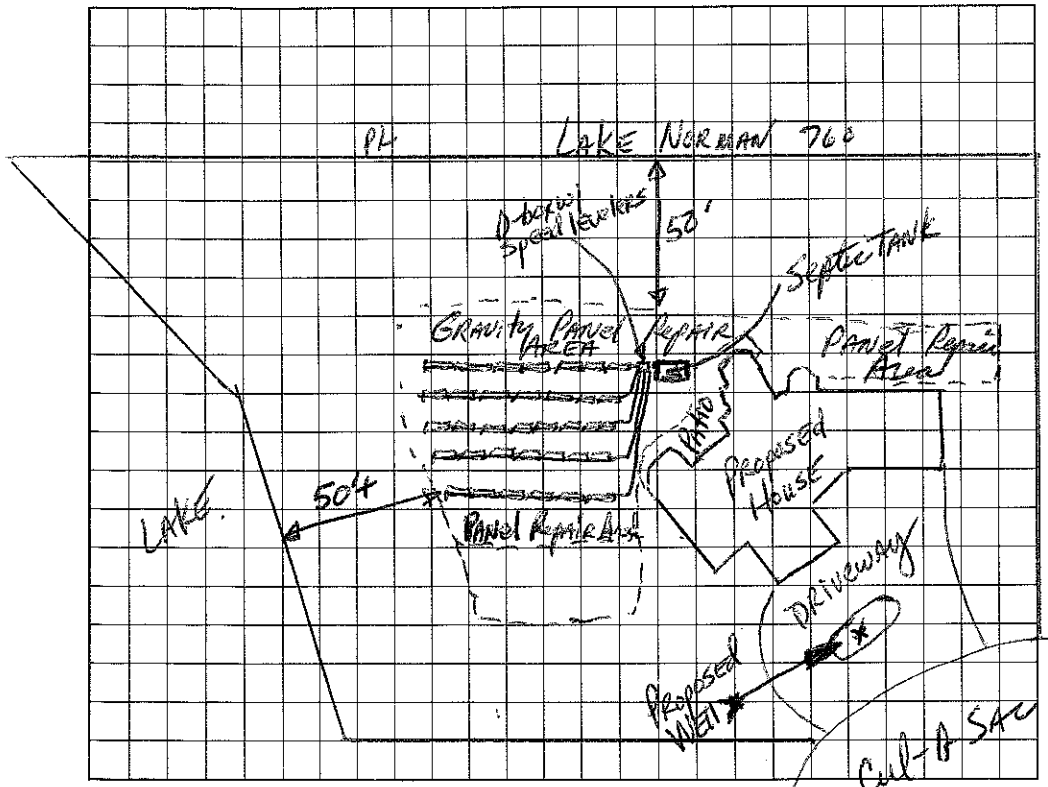
☐ Business No. Employees _____ Auto. Washing Machine: ☑ Yes ☐ No

☐ Other _____ Other _____

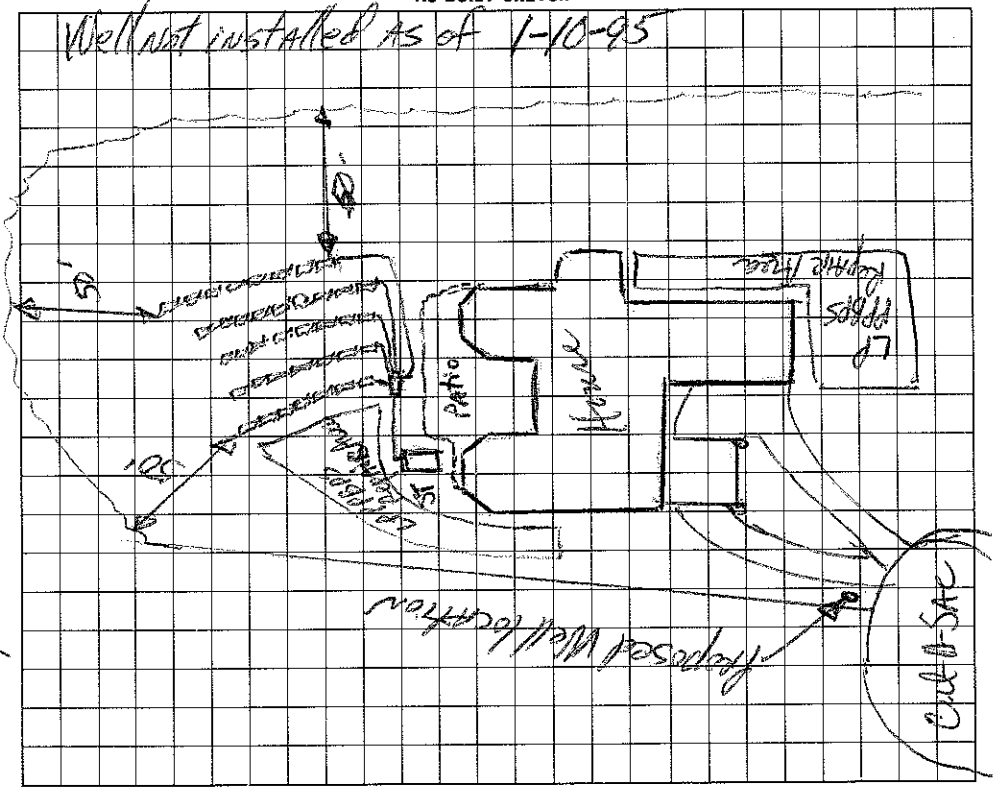
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments * TRENCHES must be kept shallow (22" trench bottom except at crest of ridge, soil cap to be provided for cover). Septic Tank installer must have on site consultation prior to installing system. House plumbing must exit house at a level to accomodate specified trench depth OR a pump system will be required.

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: * Charles A Davis

Improvement Permit by: Jared D Hyman, RS date 6/4/93

Existing System Inspection by: _____ date _____

Installed by: Richard Abernathy

Certificate of Completion by: _____ date _____

Operation Permit by: D E Hyman, RS date 1-10-95

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