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. 16527 DATE June 18, '93 TAX MAP NO. 7K 12A 169

OWNER OR CONTRACTOR Sam Odell ~~PHONE: Business~~ 463b-65-5196 Home 872-8253

ADDRESS 21548 Lake Pt Dr., Davidson

LOCATION 110 Turn on Mallard Way past Club House to top of hill on left

SUBDIVISION Mallard Head BLOCK / SECTION ____ LOT 169 LOT AREA ~27,000 ft² SITE CLASS. 75 L.T.A.R. .3

Water Supply: ☐ Individual ☑ Community ☐ Public

Septic Tank: 1250 Gallons; STB 825 RST Date 12-1-93

Pump Tank: ____ Gallons; PT ____ Date ____

Nitrification Field: No Fields 2 Square Feet 1200 Linear Feet 400

No Lines 8 Trench Width 36" Trench Depth 36" Gravel Depth 12"

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

System Description: gravity conventional

Repair System Description: pump conventional

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2½

☐ Business No. Employees ____

☐ Other ____

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

Garbage Disposal: ☑ Yes ☐ No

Auto. Dishwasher: ☑ Yes ☐ No

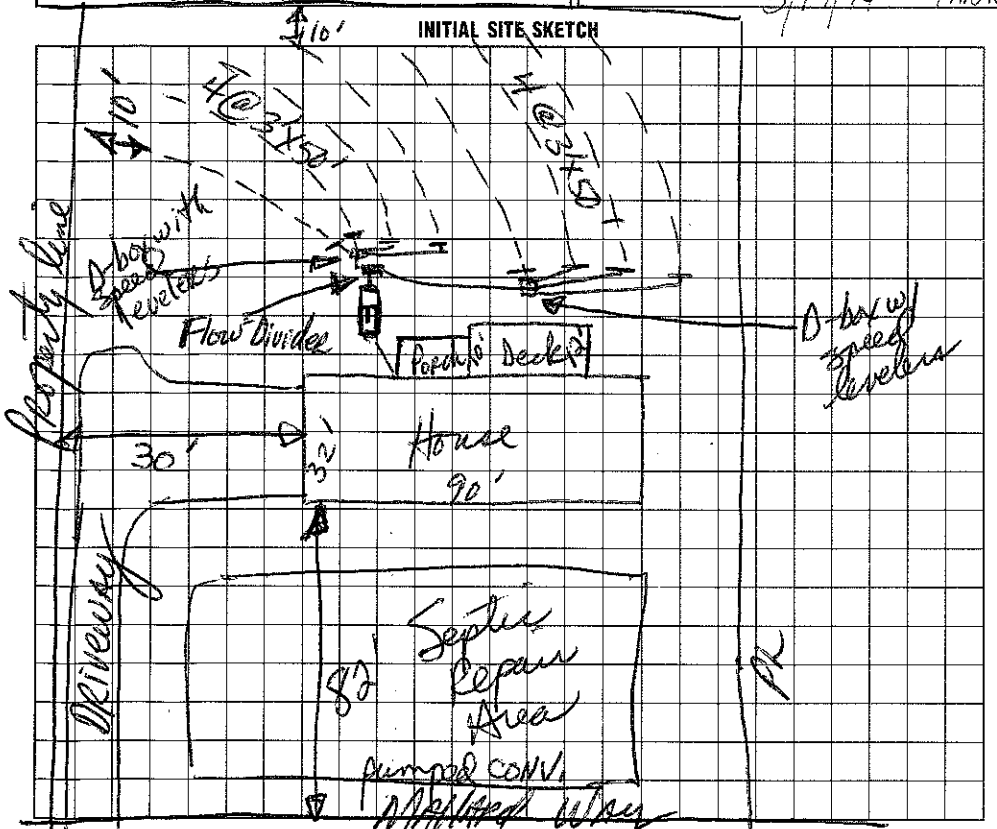
Auto. Washing Machine: ☑ Yes ☐ No

Other ____

Comments Follow contour with drainfield, use flow divider to create 2 subfields of 200' each.

3/17/94 TANK oriented parallel to house instead of perpendicular

INITIAL SITE SKETCH



AS BUILT SKETCH

Substantially as shown on initial 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: X

Improvement Permit by: David R Hinson, RS date 6/18/93

Existing System Inspection by: ____ date ____

Installed by: Richard Abernathy

Certificate of Completion by: David R Hinson, RS date 3/17/94

Operation Permit by: ____ date ____

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