Lot 1 Kevin M Davidson Prop Authorization To Construct

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. 248.18 DATE 10/29/96 TAX MAP NO. 2JA 13 4646 65 8451 Watershed: ☒ Yes ☐ No

OWNER OR CONTRACTOR Kevin Davidson PHONE: Business 588-2340 Home ~~[illegible]~~ 513-0990

ADDRESS 712 Alcove Rd. Mooresville, NC. 28115

LOCATION 215 x 77 TR Alcove TR # 712, follow drive to lake 264 Bridgewater Ln

SUBDIVISION N/A CL&T BLOCK / SECTION ____ LOT ~1.17AC LOT AREA .3 SITE CLASS P5 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 6/6/99

Pump Tank: 1000 Gallons; PT 27 Date 6/8/99

Pump Make: GOULDS Model WE0-511H Serial No. F9909403

Nitrification Field: No. Fields 1 Square Feet 900 Linear Feet ~~X~~ 300

No Lines ~~X~~ 4 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth SAND

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

System Description: ~~X~~ CH PLASTIC - P. MANIFOLD

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees ____

☐ Other ____

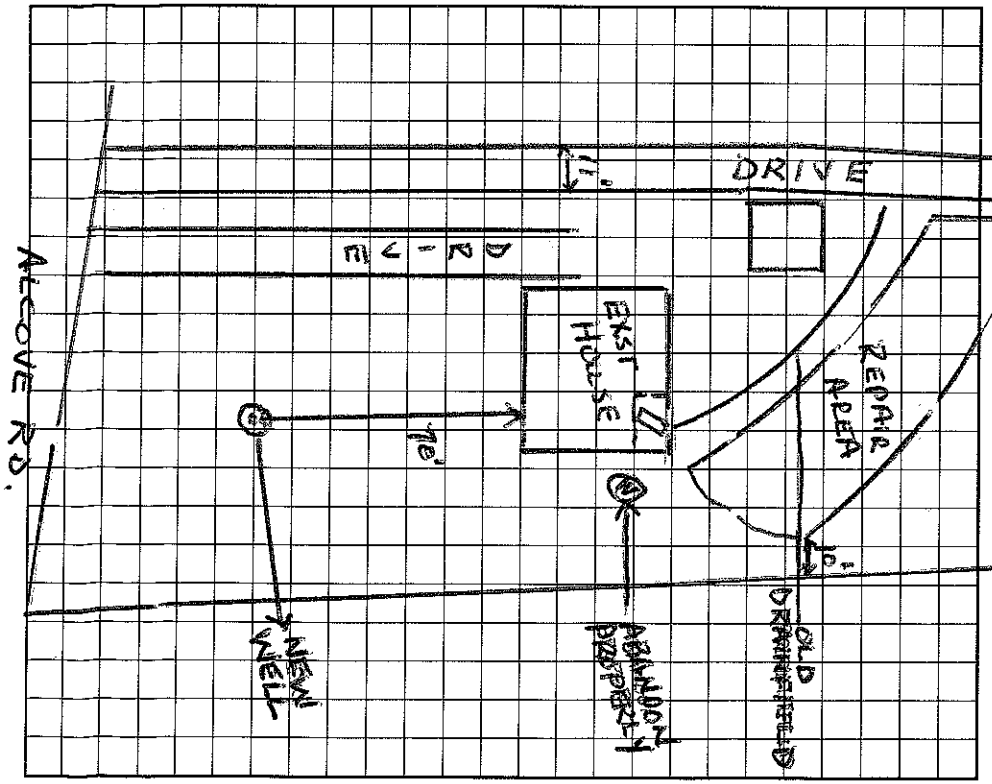
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

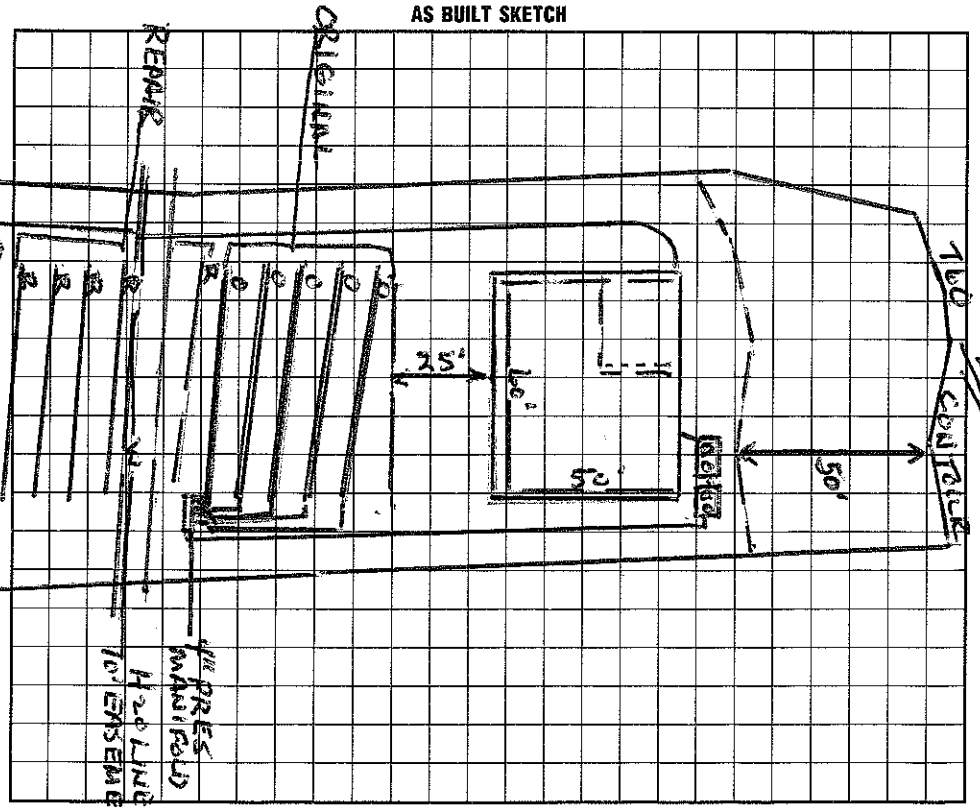
Comments: Existing well at old house must be properly abandoned.

Comments: 8/4/99 1:20 PM NOTIFIED K. DAVIDSON OF PROBLEM WITH CIRCUIT BREAKER FOR PUMP BY PHONE COL. AWS.

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.

Authorization to Construct voided in Error only.

Signed: ~~X~~ Patricia E Davidson

Improvement Permit by: Wesley Sparks RS. date 10/29/96

Authorization to Construct Wesley Sparks RS. date 10/29/96

Existing System Inspection by: ____ date ____

Installed by: F.T. Ervin

Certificate of Completion by: Wesley Sparks RS. date 7/21/99

Operation Permit by: Wesley Sparks RS. date 8/4/99

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