IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 135176 PIN# ~~4646750226~~ 4646-65-9338 DATE 4-27-06

OWNER OR APPLICANT Kevin & Pat Davidson PHONE: Business _____ Home 737-6633

ADDRESS 264 Bridgewater Ln Mooresville NC 28117

LOCATION Williamson Rd TR Alcove Rd (by Food Lion) (Bridgewater Ln) TR Bear Run Circle #126 Bear Run

SUBDIVISION DAVIDSON LOCK / SECTION _____ LOT 1 LOT AREA _____ SITE CLASS PS DESIGN FLOW 360 gpd L.T.A.R. _____

Septic Tank: Existing Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet Existing Linear Feet _____

No Lines _____ Trench Width Existing Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: Existing Gravity-Convent Shared System

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 3 No. Persons ___ No. Employees ___

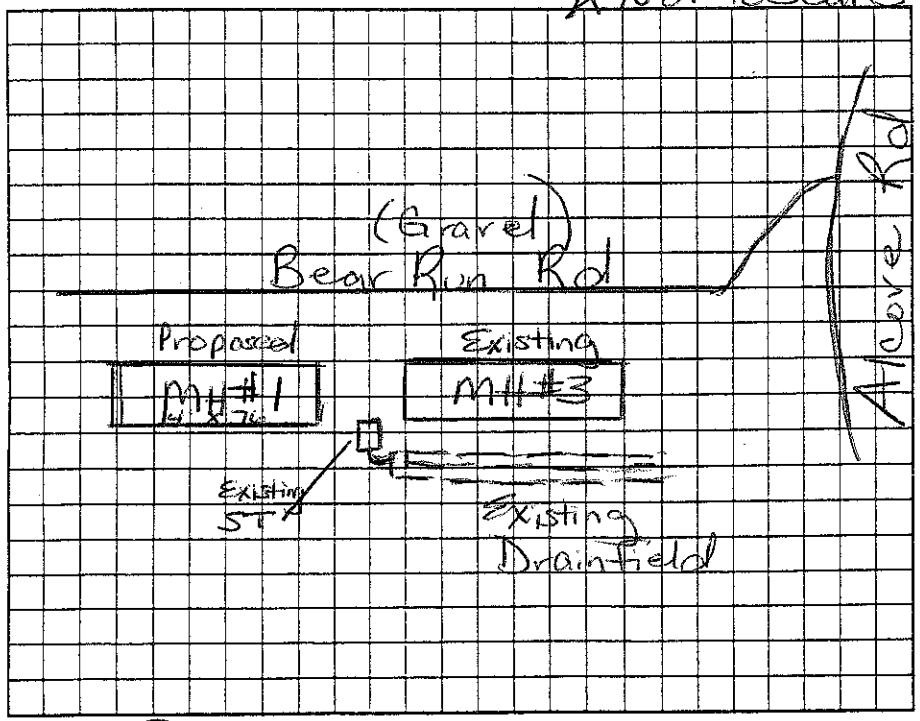
Water Supply: ☐ Individual ☒ Public ☒ Community

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

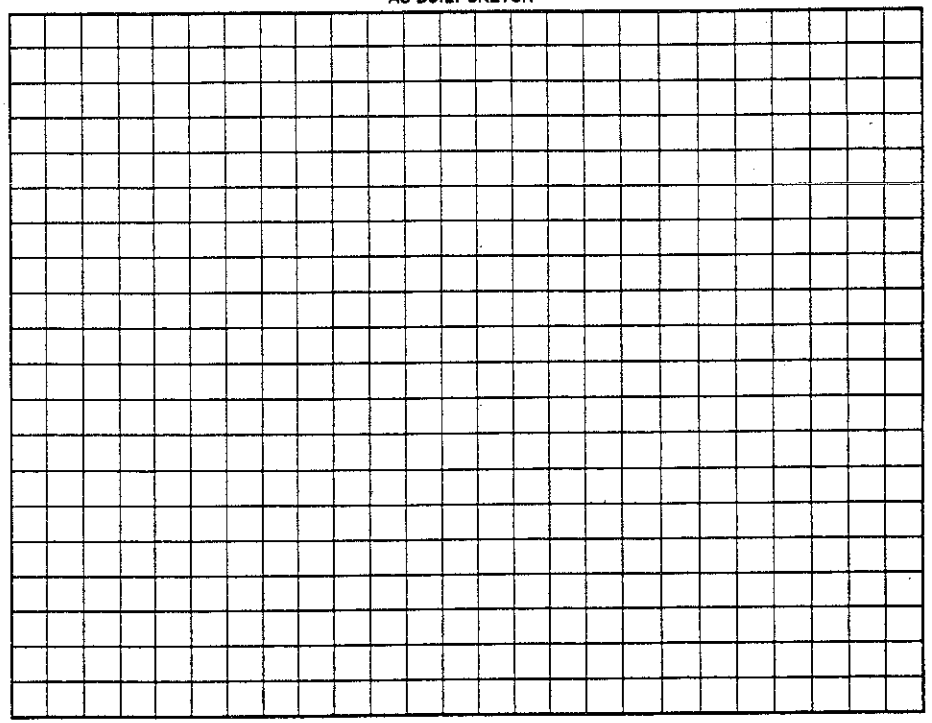
Comments/Conditions: Existing Septic Appears to be functioning okay at time of inspection

Comments/Conditions: Replacing 3 Bedroom MH with 3 Bedroom MH. Septic System is Shared with Lot #3

INITIAL SITE SKETCH ☆ Not to Scale



AS BUILT SKETCH



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 with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☐ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Pat Davidson date _____ Installed by: _____

Improvement Permit by: _____ date _____ Operation Permit by: _____ date _____

Authorization to Construct by: _____ date 4/27/06 Existing System Inspection by: _____ date 4/27/06

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