REDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 070447 DATE 12/8/97 TAX MAP NO. 4654876620 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Rex Gleason PHONE: Business 663-1699 Home 663-0659

ADDRESS 214 Buckingham

LOCATION 214 Buckingham Place - 1155 S TL Presbyterian TR Sick Farm Rd TR Buckingham

SUBDIVISION Davidson Downs BLOCK / SECTION ____ LOT 69 LOT AREA 2.92 ac ± SITE CLASS. PS DESIGN FLOW 150 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet ____ Linear Feet ____

No Lines Add'l of 75 ea' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Gravity Conventional

Repair System Description: Gravity Conventional

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other ____

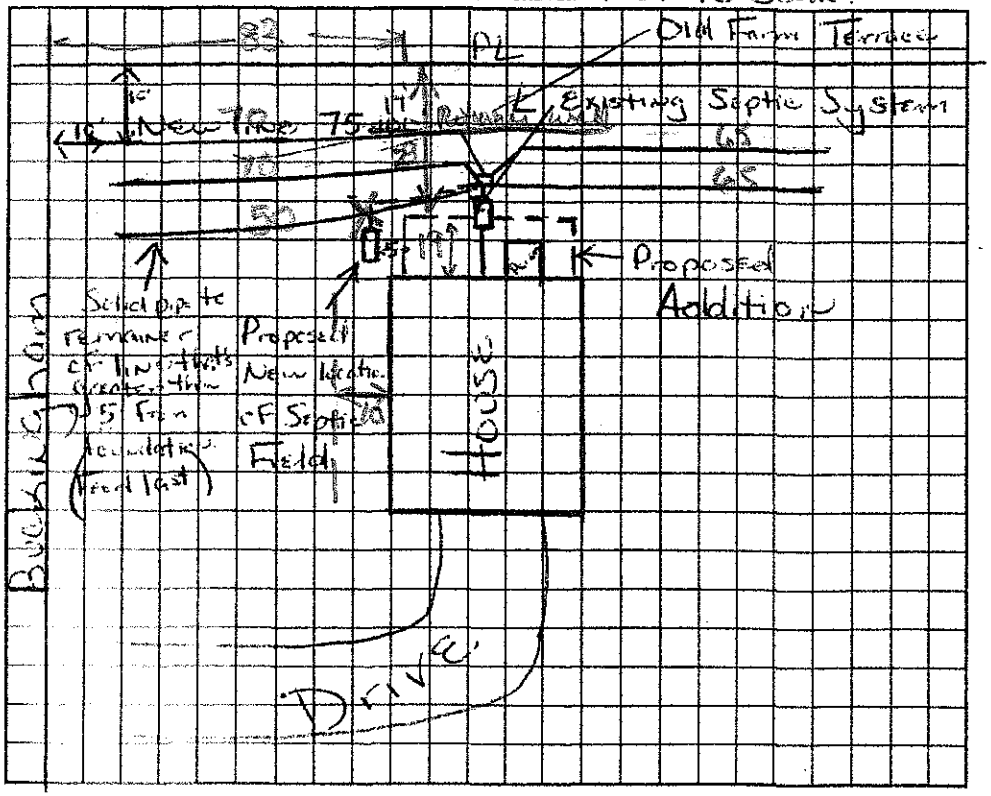
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Community ☐ Public

Comments: Properly abandoned existing Septic Tank & install New Septic Tank at least 5' from Building Foundation. Abandoned any part of Existing System (Septic) that is less than 5' From Proposed Building foundation.

Comments: Install New Drain line 10' above Existing line & 10' From Property Lines. (Install New D-Box if Existing D-box is not) & 5' from Proposed Building Foundation. Feather off old Farm Terrace

INITIAL SITE SKETCH Not to Scale



AS BUILT SKETCH (Addition to House)

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: D. Rex Gleason

Improvement Permit by: Wayne H. Latham date 12/8/97

Existing System Inspection by: Wayne H. Latham date 12/8/97

Installed by: ____

Certificate of Completion by: ____ date ____

Operation Permit by: ____ date ____

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