(4.00)

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. 070447 DATE 12/8/97 TAX MAP NO. 4654876620 Watershed: ☐ Yes ☑

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

ADDRESS 214 Buckingham

LOCATION 214 Buckingham Place - 115 S TL Presbyterian TR Sink Farm Rd TR Buckingham

SUBDIVISION Davidson Downs BLOCK / SECTION ____ LOT 69 LOT AREA 2.92 ac±2 SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .83

Septic Tank: 1000 Gallons; STB 794 Date 11/12/97
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet ____ Linear Feet ____
No Lines Add'l Lot 75-100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☐ New System ☒ Repair System Type: I, (II), III, IV, V, VI
System Description: Grav. Conventional
Repair System Description: Grav. Conventional
Maintenance Agreement Required: ☐ Yes ☐ No

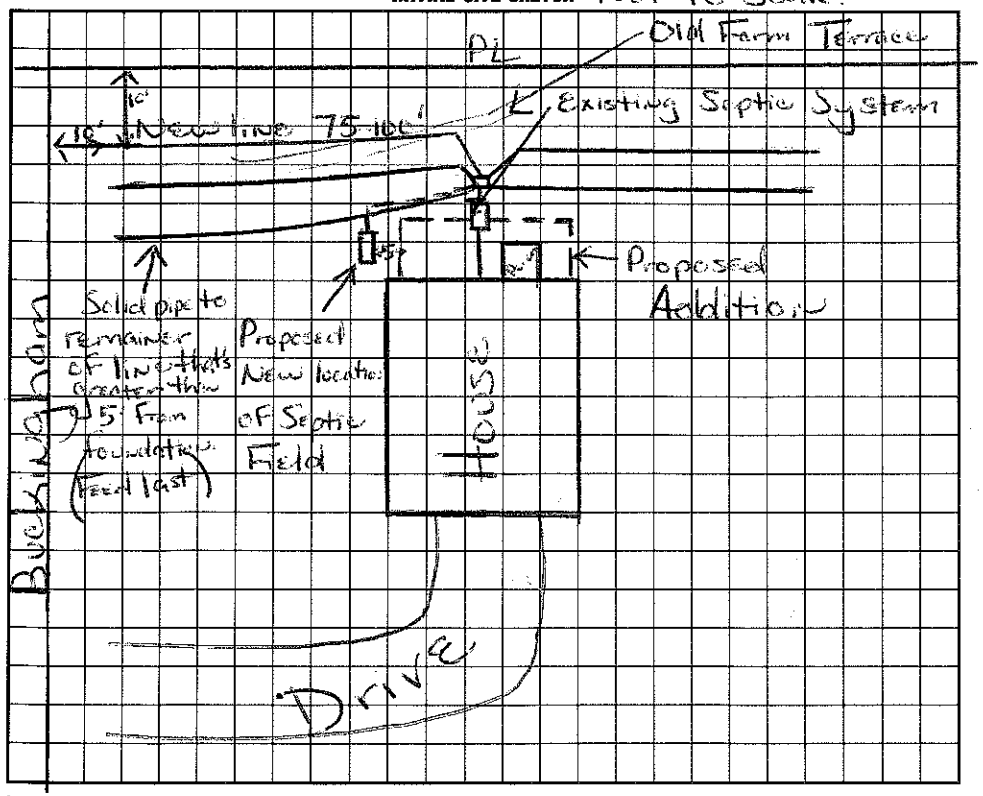
☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☒ Community
☐ Public

Comments: Property 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 line. (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: Marina H. Watson date 12/8/97

Existing System Inspection by: Marina H. Watson date 12/8/97

Installed by: RICHARD ABERNATHY

Certificate of Completion by: ____ date ____

Operation Permit by: C. [illegible] date 5/6/98

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