4658538666

IREDELL COUNTY HEALTH DEPARTMENT

Authorization to Construct

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

(3.00)

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

PROPERTY DESCRIPTION NO. 23954 DATE 1/30/97 TAX MAP NO. 1MA 74 Watershed: [X] Yes [ ] No

OWNER OR CONTRACTOR Eddie M Davis PHONE: Business _____ Home 664-3175

ADDRESS 129 Laura Rd. Mooresville, NC. 28115

LOCATION 21N TR Laura Rd. to end, straight onto drive to 2nd site on (L) in field

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 825 Date 4/1/97

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

[X] New System [ ] Repair System Type: I, (II) III, IV, V, VI

System Description: CONVENTIONAL

Repair System Description: PRES - CONVENTIONAL

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 3

[ ] Mobile Home No. Bathrooms 2

[ ] Business No. Employees _____

[ ] Other _____

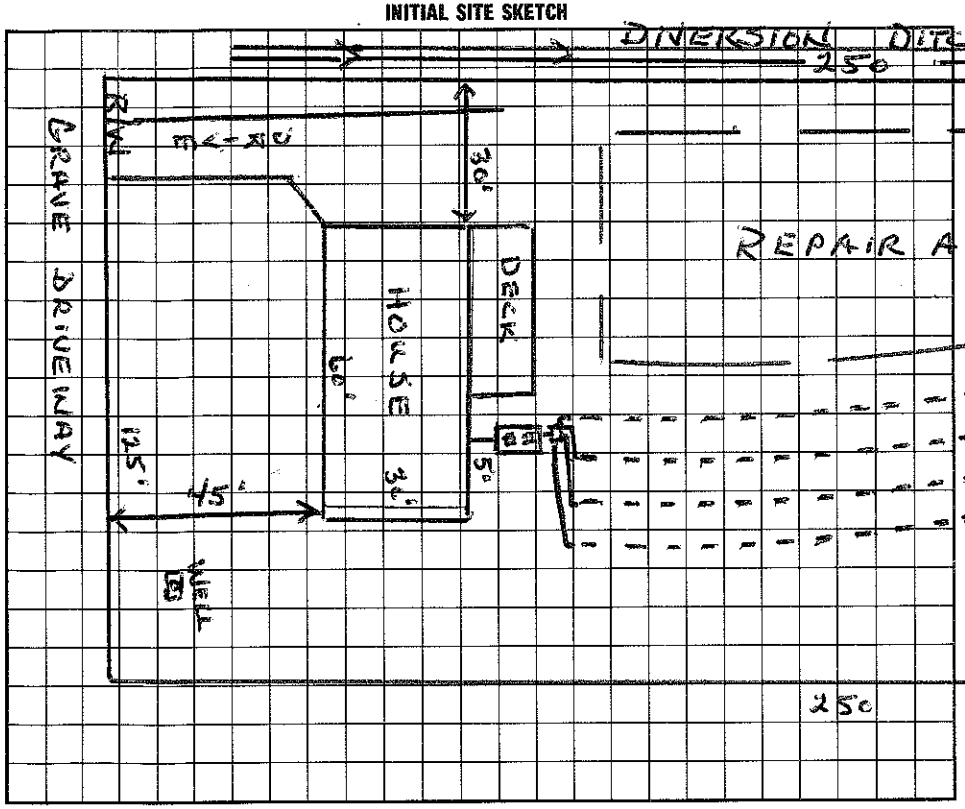
[ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] Individual [ ] Community [ ] Public

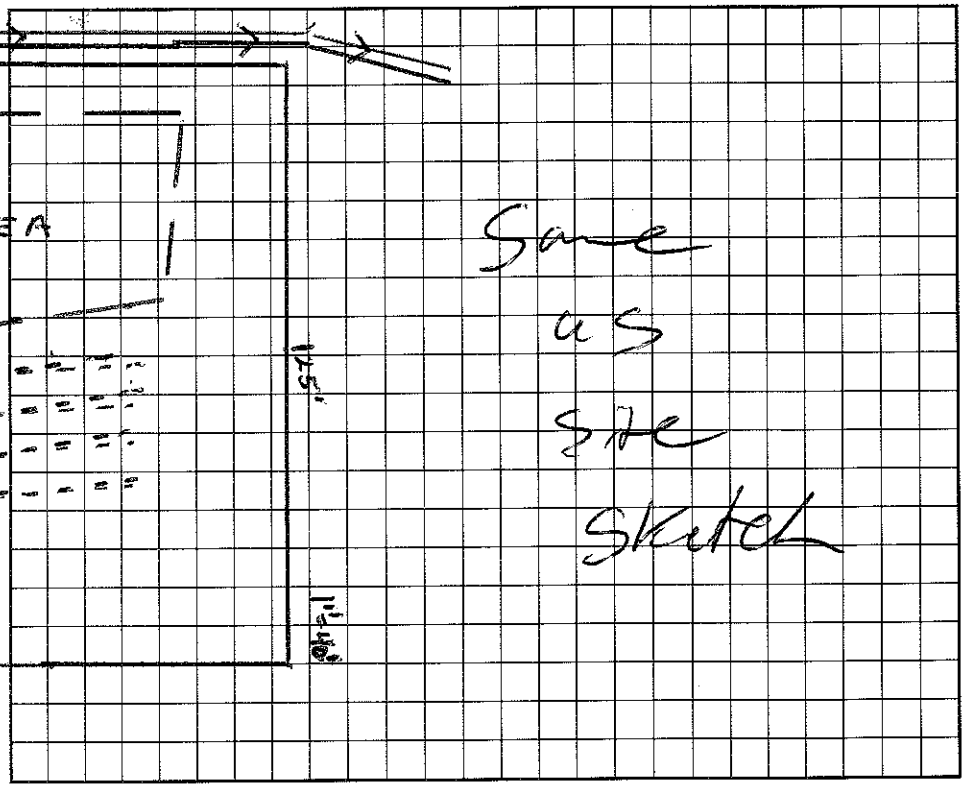
Comments: Diversion ditch needs to be relocated as shown here - Lot dimensions need to be modified as shown here

Comments:

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. Improvement Permit is valid for 60 months from date of issuance.

Signed: Ken M Davis

Installed by: ROWAN SEPTIC

Improvement Permit by: Wesley Sparks RS. date 1/30/97

Certificate of Completion by: _____ date _____

Existing System Inspection by: Wesley Sparks RS date 1/30/97

Operation Permit by: C. Ray Foster date 5/20/97

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