1-18-96 Pd. #175.00 M. Burke PIN#4664-58-7518

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. 22866 DATE 1-13-96 TAX MAP NO. 1B-2-A-13 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR MICHAEL BOYD PHONE: Business _____ Home 892-8246

ADDRESS 110 VISTA DRIVE DAVIDSON, NC 28036

LOCATION SHEARERS ROAD, TL VISTA DRIVE (ACROSS FROM PRESBYTERIAN RD), LOT ON LEFT AT VILLA LANE

SUBDIVISION BELLE GLADE BLOCK / SECTION _____ LOT 13 LOT AREA 0.9 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.3 GPD/FT²

Septic Tank: 1000 Gallons; STB 794 Date 6/12/96

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model EQUIVALENT Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300

No Lines 4 Trench Width 36" Max Trench Bottom Depth 24-36' Gravel Depth N/A

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

System Description: CHAMBERED GRAVITY FED

Repair System Description: LDP GRAVITY FED

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

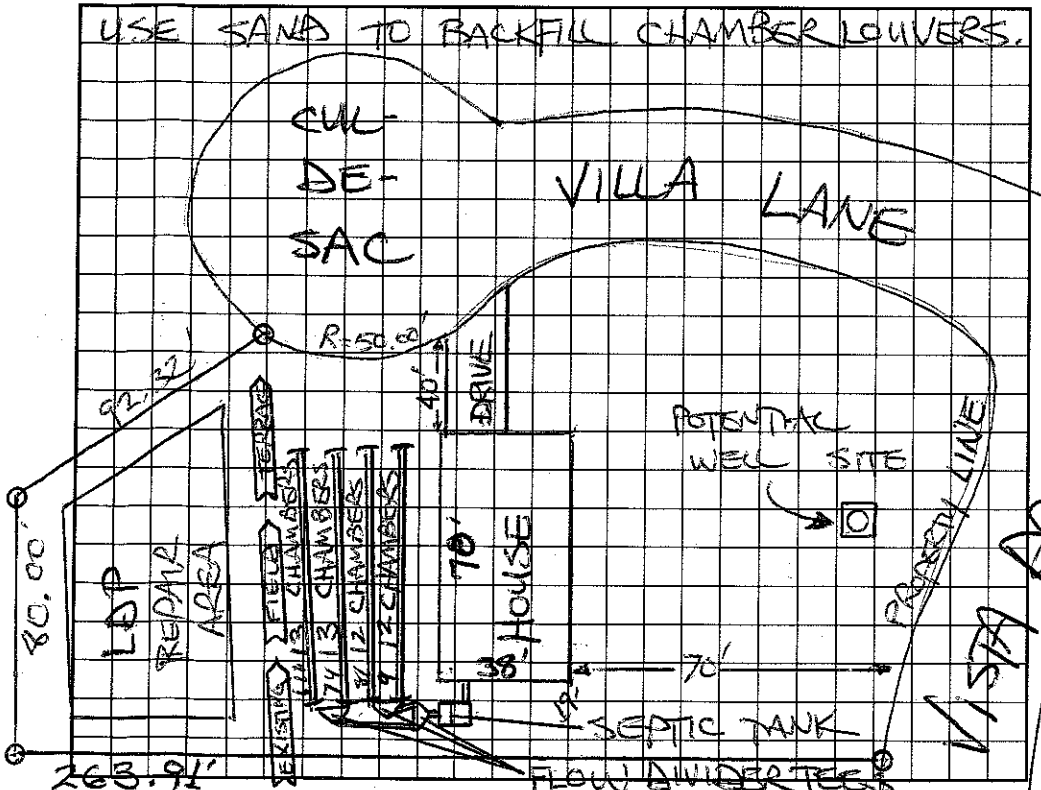
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public WELL

Comments: ① USE 50 CHAMBERS INSTALLED IN FOUR LINES AS FLAGGED ② USE THREE FLOW DIVIDER TEES TO ACHIEVE EQUAL DISTRIBUTION INTO EACH OF FOUR LINES ③ KEEP SYSTEM MINIMUM 100' FROM WELL ④

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.

AUTHORIZATION TO CONSTRUCT IS VALID FIVE (5) YEARS FROM DATE OF ISSUANCE. IMPROVEMENT PERMIT HAS NO EXPIRATION DATE.

Signed: X Michael J Boyd

Installed by: Gibson

Improvement Permit by: STEVE HEDRICK date 1-13-96

AUTHORIZATION TO CONSTRUCT C. Existing System Inspection by: _____ date 5/9/96

~~Certificate of Completion by:~~ _____ date _____

Operation Permit by: C. [signature] BPH date 5/9/96

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