IREDELL COUNTY HEALTH DEPARTMENT

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

9:45 Left Tag Robert Holce 56597

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

PROPERTY DESCRIPTION NO. 20387 DATE 3-3-95 TAX MAP NO. 3N-4-A-13 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Chris Davidson PHONE: Business 528-6192 Home

ADDRESS P.O Box 5602 Statesville, N.C. 28677

LOCATION I-40 W TL Old Mtn. Rd. TR Buffalo Shoals TR Gray Rock Drive. Lot ± 1 mile on R just before power lines

SUBDIVISION Gray Rock Shoals BLOCK / SECTION — LOT 13 LOT AREA 1.09 acres SITE CLASS. PS. DESIGN FLOW 360 L.T.A.R. .3 gpd/ft²

Septic Tank: 1000 Gallons; STB 794 Date 4/25/95

Pump Tank: — Gallons; PT — Date —

Pump Make: — Model — Serial No. —

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400'

No Lines 4 Trench Width 36" Max Trench Bottom Depth 24-36" Gravel Depth 12"

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

System Description: Conventional, gravity fed

Repair System Description: " "

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees —

☐ Other —

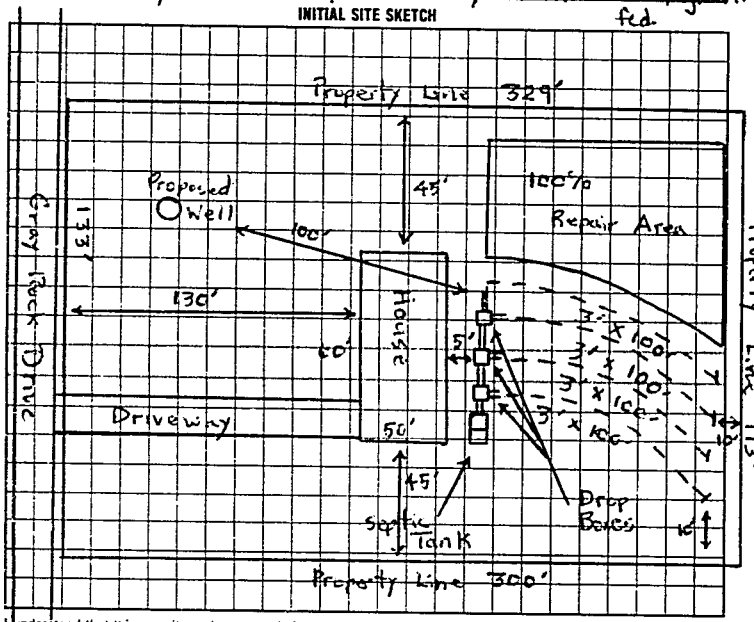
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

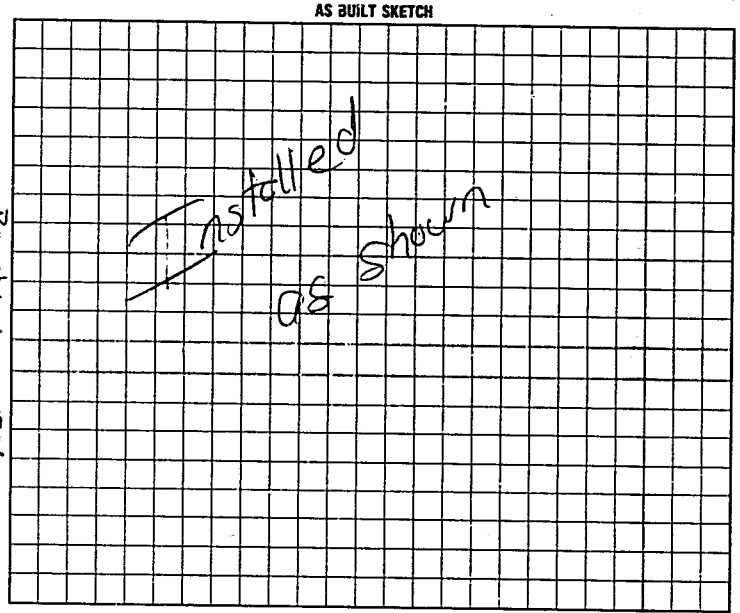
Comments: Install system shallow (ie deeper than 36" to trench bottom) Keep lines and trenches on contour. Keep system min. 5' from foundation of house, 10' from all property lines, and 100' from any well. 100% Repair below system conventional, gravity fed.

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: [signature]

Improvement Permit by: Michael T. Dennis date 3-3-95

Existing System Inspection by: — date —

Installed by: Robert Holce

Certificate of Completion by: — date —

Operation Permit by: [signature] date 10/13/95

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