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. 2115 DATE 5-16-95 TAX MAP NO. 36-6-A-8 Watershed: ☐ Yes ☐ No

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

ADDRESS Buffalo Shoals Rd LOCATION TL Laurel Cove Rd 10F 600' on Rt.

SUBDIVISION Twelve Oaks BLOCK / SECTION — LOT 8 LOT AREA 100'X236' SITE CLASS PS DESIGN FLOW 240 L.T.A.R. .3

Septic Tank 1000 Gallons; STB 1012 Date 3-17-95

Pump Tank — Gallons; PT — Date —

Pump Make: — Model — Serial No. —

Nitrification Field: No Fields 1 Square Feet 840 Linear Feet 280

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

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

System Description: Conv. Gravity

Repair System Description: — 11 14

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other

No. Bedrooms 2 No. Bathrooms 2 No. Employees —

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

Water Supply: ☒ Individual ☐ Community ☐ Public

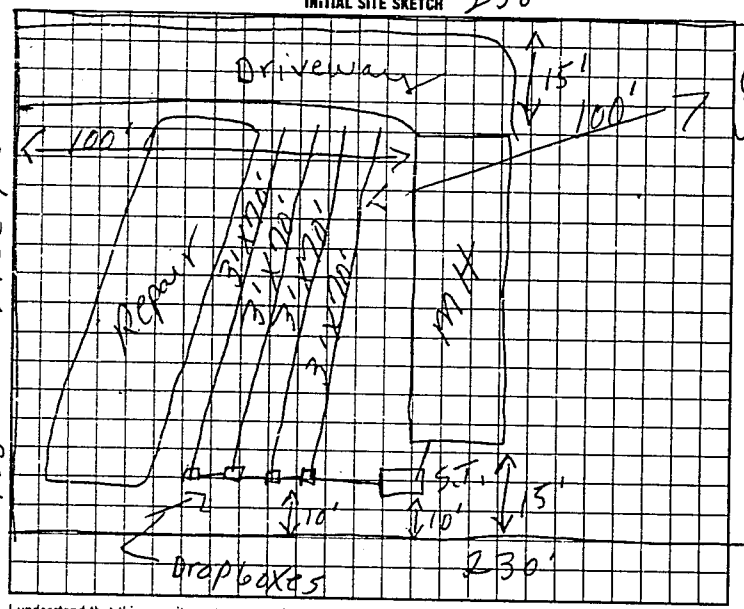
Comments (COC comments)

Septic Tank, Drain lines checked on 6-16-95.

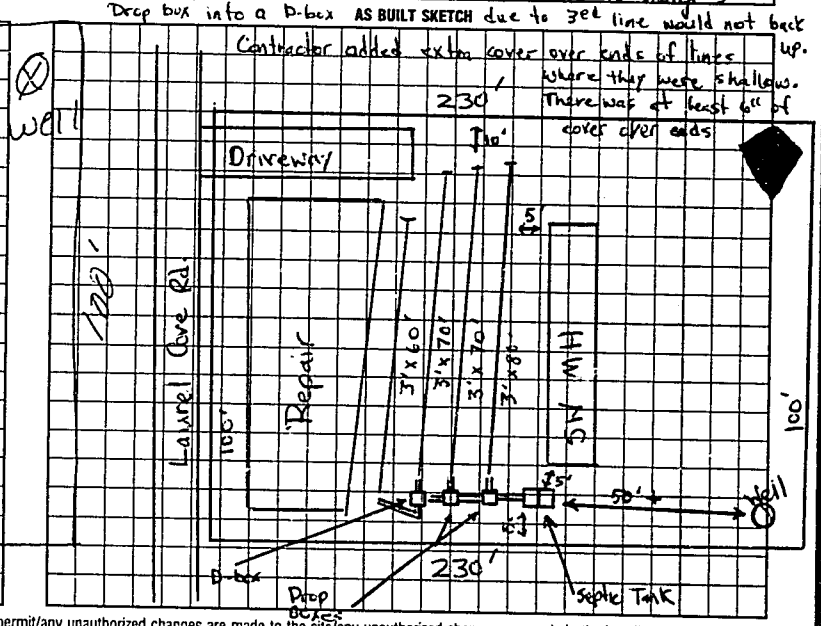
Distribution checked on 6-21-95. Part of system open to periods of rain, may affect lifespan of system.

Comments: Home located at time of inspection. Do not put driveway over any part of septic system. Well could not be installed 100' away from system, not enough available space. If it over 50', System not installed on contour. Had to change 3rd

INITIAL SITE SKETCH 230



Drop box into a D-box AS BUILT SKETCH due to set line would not back up. Contractor added extra cover over ends of lines where they were shallows. There was at least 6" of cover over ends



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: X [signature]

Improvement Permit by: E. C. Moore date 5-16-95

Existing System Inspection by: — date —

Installed by: Forest Shuford

Certificate of Completion by: Michael J. Dennis date 6-21-95

Operation Permit by: — date —

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