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. 20206 DATE 2-1-95 TAX MAP NO. 3L-6-A-9 Watershed: ☐ Yes ☑ No

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

ADDRESS P.O. Box 5602 Statesville, N.C. 28687

LOCATION I-40W Tl old Mtn. Rd. TR Buffalo Shoals Rd TL Laurel Cove Rd. 4th Lot on R.

SUBDIVISION Twelve Oaks BLOCK / SECTION _____ LOT 9 LOT AREA 100' X 230' SITE CLASS. P.S. DESIGN FLOW 240 L.T.A.R. .35 gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 11-2-76
Pump Tank: — Gallons; PT — Date —
Pump Make: — Model — Serial No. —
Nitrification Field: No Fields — Square Feet 690 Linear Feet 230'
No Lines 3 Trench Width 36" Max Trench Bottom Depth 30"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: conventional, gravity fed
Repair System Description: " "
Maintenance Agreement Required: ☐ Yes ☑ No
Gravel Depth 12" ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

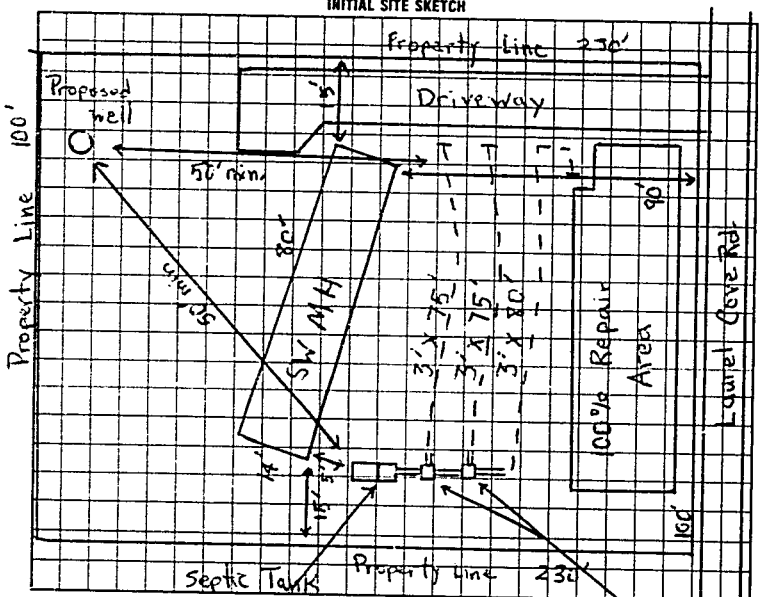
☐ House/Mod. Home No. Bedrooms 2
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: Install lines on contour. Keep system 5' from foundation of home, 10' from all property lines, and max. feasable distance from any well and no closer than 50'. 100% Repair Area below system, conventional, gravity fed. Install system no deeper than 30" to trench bottom.

Comments: Home and well not located at time of inspection. Keep both required distances from septic system: [redacted]. 100% Repair below system, conventional gravity fed.

INITIAL SITE SKETCH



AS BUILT SKETCH

SAME AS INITIAL 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 O. Owens date 2-1-95

Existing System Inspection by: _____ date _____

Installed by: Forest Shuford

Certificate of Completion by: Michael O. Owens date 2-3-95

Operation Permit by: _____ date _____

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

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