IREDELL COUNTY HEALTH DEPARTMENT

Victor R

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

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

PROPERTY DESCRIPTION NO. 20842 DATE 5-16-95 TAX MAP NO 3b-6-A-10 Watershed: ☐ Yes ☐ No

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

ADDRESS PO Box 2116 Statesville N.C.

LOCATION Buffalo Shoales Rd Th Laurel Cove Rd 3rd lot Rt

SUBDIVISION Twelve Oaks BLOCK / SECTION B LOT 10 LOT AREA 23000 SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1017 Date 6-9-95

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: " "

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 2

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

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

Water Supply: ☑ Individual ☐ Community ☐ Public

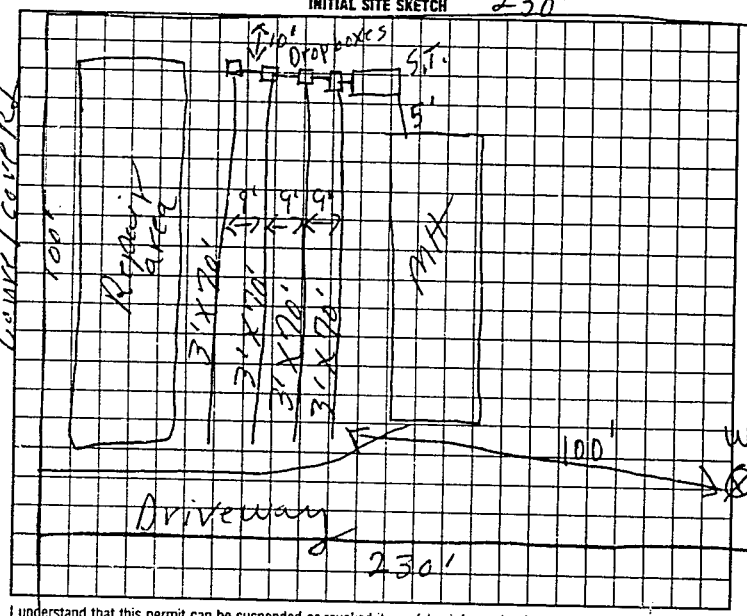
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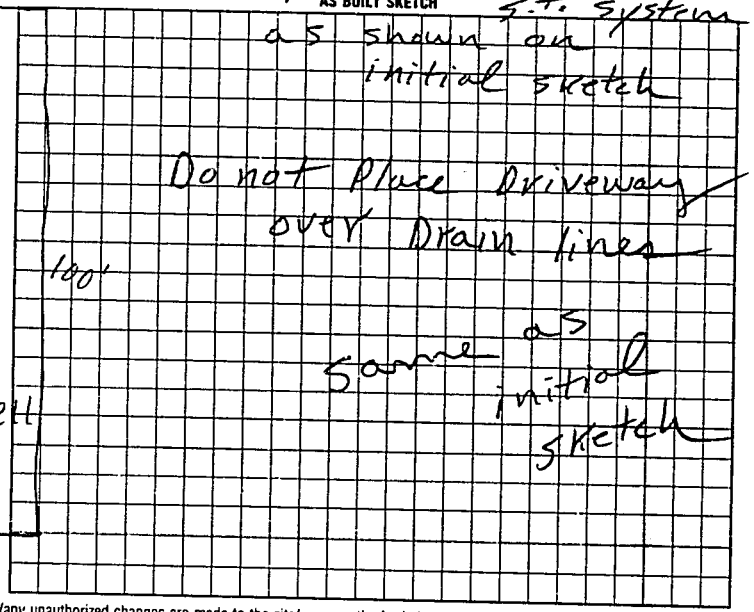
Well Not Installed at time of this inspection

Keep proper distance from S.T. System

INITIAL SITE SKETCH 230'



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: X [illegible]

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

Existing System Inspection by: date

Installed by: Forest Shuffler

Certificate of Completion by: P.C. Moore date 6-9-95

Operation Permit by: date

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