#63268

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. 24970 DATE 9-16-96 TAX MAP NO. 3Q-4-A-16 Watershed: ☐ Yes ☑ No

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

ADDRESS PO Box 5602 Statesville N.C.

LOCATION Buffalo Shoals Rd [redacted] 8th lot on Rt Past Troutman Trace Rd

SUBDIVISION Troutman Trace BLOCK / SECTION _____ LOT 16 LOT AREA 100'X230' SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 797 Date 7-18-96
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 720 Linear Feet 240
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☐ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity Chambers " "
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ☑ No

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

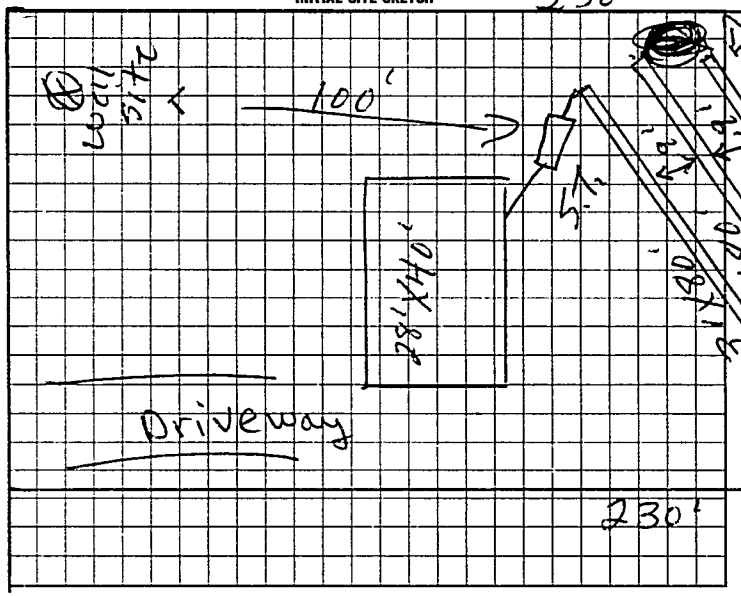
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

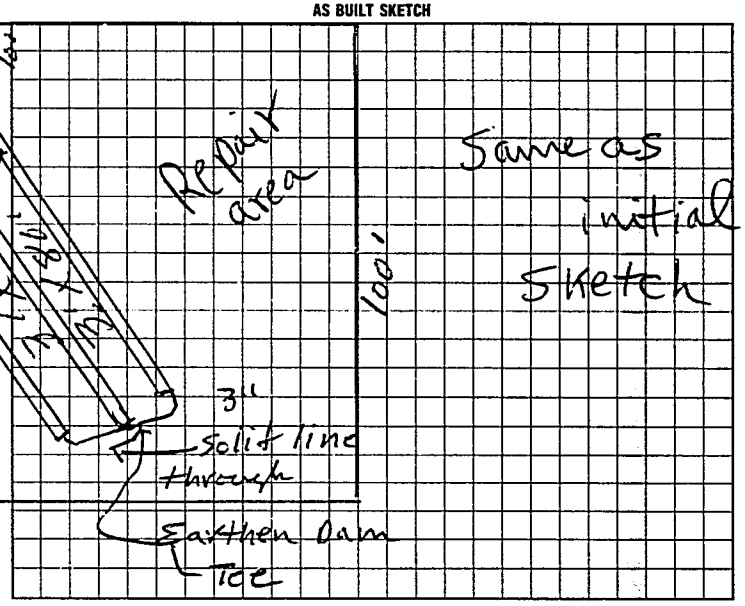
Comments:

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.

Signed: Neil Kelly Installed by: Eric Simain

Improvement Permit by: P.C. Moore date 9-16-96 Certificate of Completion by: _____ date _____

Existing System Inspection by: P.C. Moore date 9-16-96 Operation Permit by P.C. Moore date 9-30-96

to Const. Authorization to Const Expires 60 mos from issue

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

88 I Σ 00