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. 20843 DATE 4-12-95 TAX MAP NO. 35-4-A-5 Watershed: ☐ Yes ☑ No

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

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

LOCATION I40 W TL Old Mtn. Rd. TR Buffalo Shoals Rd TR Troutman Shoals Rd - Lot on L after 1st MH on L

SUBDIVISION Troutman Trace BLOCK / SECTION - LOT 5 LOT AREA 100' x 222' SITE CLASS P.S. DESIGN FLOW 360 L.T.A.R. = 3 gpd/ft2

Septic Tank: 1000 Gallons: STB 1012 Date 2-20-95
Pump Tank: - Gallons: PT - Date -
Pump Make: - Model - Serial No. -
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400'
No Lines 5 Trench Width 36" Max Trench Bottom Depth 24"

☐ New System ☐ Repair System Type: I II III IV V VI
System Description: Conventional, gravity fed
Repair System Description: gravity Infiltrator
Maintenance Agreement Required: ☐ Yes ☑ No
Gravel Depth 12"

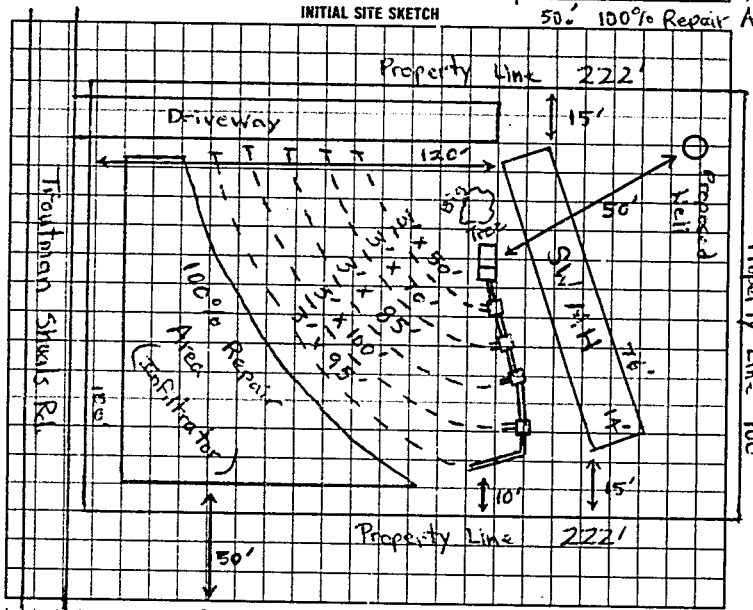
☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public Well

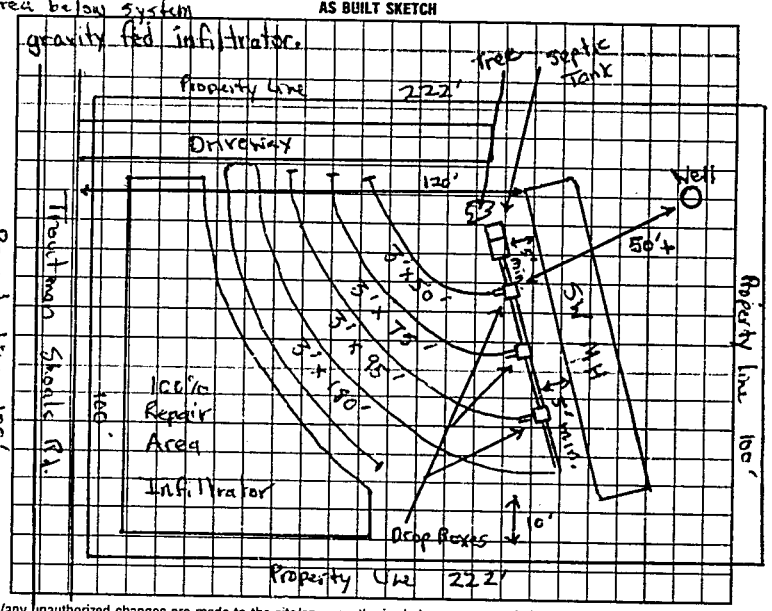
Comments: INSTALL SYSTEM SHALLOW (no deeper than 24" to trench bottom). Keep lines and trenches on contour. Keep system min. 5' from foundation of home, 10' from all property lines, and max feasable distance from any well and no closer than 50'. 100% Repair Area below system

Comments: Home on lot but not located at time of inspection. Keep home min. 5' from any part of septic system. Well located. If is 50'+ to any part of septic system

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: X

Improvement Permit by: Michael P. Dennis date 4-12-95

Existing System Inspection by: date

Installed by: Forest Shuford

Certificate of Completion by: Michael P. Dennis date 4-26-95

Operation Permit by: date

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