Mark Bomse 1st Vacant Lot on L

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. 2096 # 066601 DATE 5-18-95 TAX MAP NO. 30-A-6 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Chris Davidson PHONE: Business _____ Home 528 WS4

ADDRESS _____

LOCATION Old mtn Rd Turn East mamba Rd To St. Johns Rd 2nd lot left

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 125 + 318 SITE CLASS. RS DESIGN FLOW 360 L.T.A.R. .13

Septic Tank: 1000 Gallons; STB 794 Date 5-2-97

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

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 ☒ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 2 No. Bathrooms 2 No. Employees _____

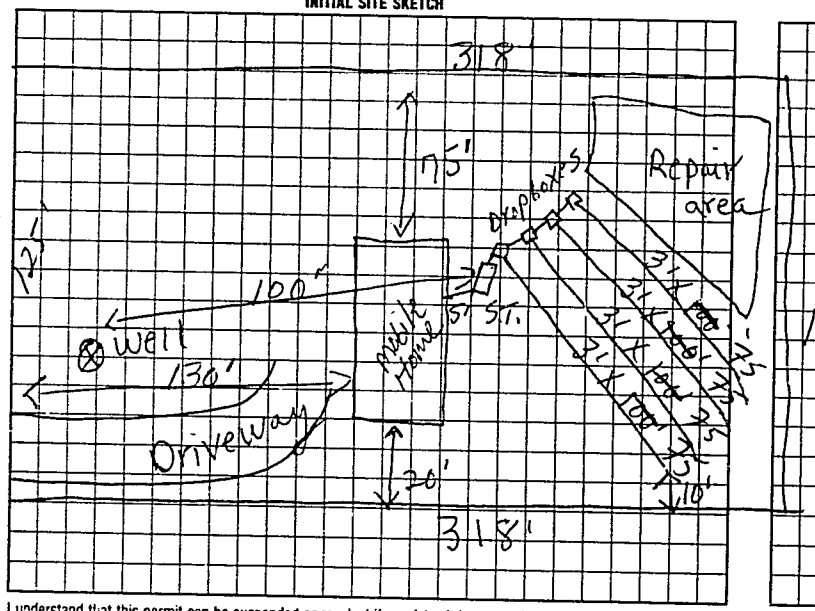
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

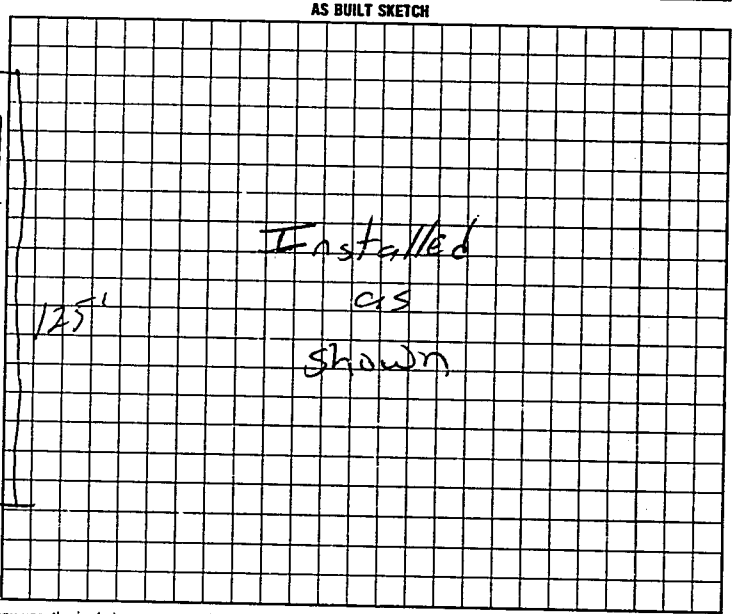
Comments: System changed 2 Bd

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. Improvement Permit is valid for 60 months from date of issuance.

Signed: X [signature]

Improvement Permit by: R. C. Moore date 5-18-95

Existing System Inspection by: _____ date _____

Installed by: Chris Davidson

Certificate of Completion by: _____ date _____

Operation Permit by: [signature] date 5-31-95

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