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. 19362 DATE 9-13-94 TAX MAP NO. 35-3-D-15 Watershed: ☐ Yes ☑ No

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

ADDRESS Rt. 14, Statesville, N.C. 28677

LOCATION I40 W TL Old Nth. Rd. TR Buffalo Shoals Rd Tl Poppy Lane 2nd lot on L

SUBDIVISION A.F. Trautman Est. BLOCK / SECTION _____ LOT 106 LOT AREA 1.89 acres SITE CLASS Existing DESIGN FLOW 240 L.T.A.R. Existing

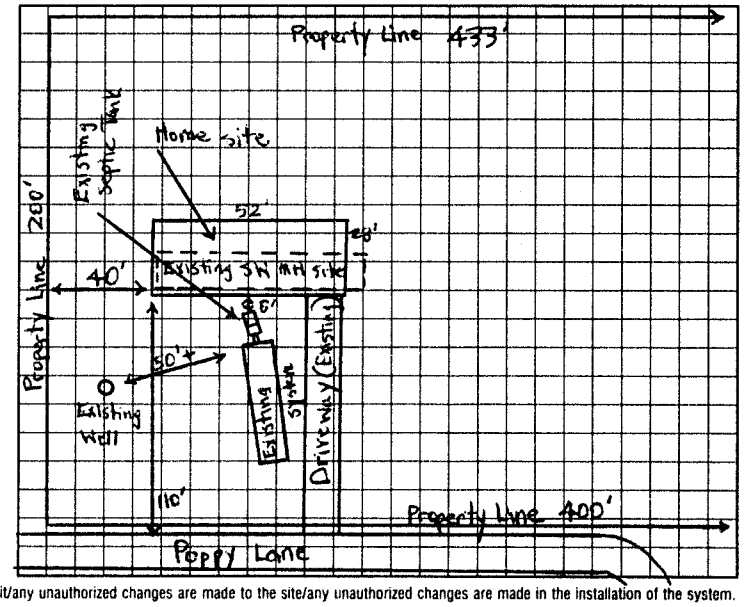
Septic Tank: _____ Gallons: STB _____ Date _____ Pump Tank: Existing System Inspection Date _____ Pump Make: _____ Model _____ Serial No. _____ Nitrification Field: No Fields ____ Square Feet _____ Linear Feet _____ No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____	☐ New System ☐ Repair System Type: I, II, III, IV, V, VI System Description: Existing System Insp. Repair System Description: _____ Maintenance Agreement Required: ☐ Yes ☐ No	☑ House/Mod. Home No. Bedrooms 2 ☐ Mobile Home No. Bathrooms 1.5 ☐ Business No. Employees ____ ☐ Other _____ ☑ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing	Water Supply: ☑ Individual ☐ Community ☐ Public

Comments:

Comments: Moved off 3 Bedroom SW Mfr. Building 2 Bedroom House back in its place. Keep home min 5' from any part of septic system. System to deep to probe. System shows no visible signs of malfunction at time of inspection.

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: _____

Improvement Permit by: _____ date _____

Existing System Inspection by: Michael J. Dennis date 9-13-94

Installed by: _____

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date _____

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