56596

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. 21395 DATE 6-16-95 TAX MAP NO. 35-3-D- Pt 15 Watershed: ☑ Yes ☐ No WS IV PA

OWNER OR CONTRACTOR Chris Davitson PHONE: Business _____ Home 528 6197

ADDRESS PO Box 5662 Statesville

LOCATION Buffalo Shoals Rd To Poppy Lane at end To 1st lot left

SUBDIVISION A.F. Treadaway EST. BLOCK / SECTION _____ LOT 106B LOT AREA 1.68 acres SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 797 Date 7-12-95

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 810 Linear Feet 270

No Lines 3 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 _____

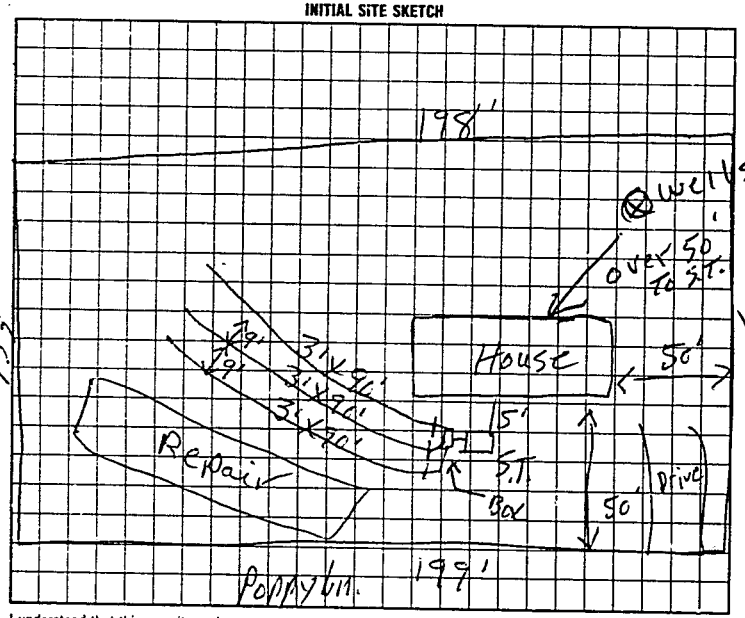
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments:

Comments: Landscape & pipe gutters so that surface water will not stand over drain lines

INITIAL SITE SKETCH



AS BUILT SKETCH

Well was not located at time of this inspection Place as in area as shown on sketch

Same as initial 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: J.C. Moore date 6-16-95

Existing System Inspection by: _____ date _____

Installed by: James Hutler

Certificate of Completion by: J.C. Moore date 9-19-95

Operation Permit by: _____ date _____

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