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. 2064 | DATE 4-6-95 | TAX MAP NO. 35-3-0-3 | Watershed: ☐ Yes ☑ No

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

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

LOCATION I-40 W Th Old Mtn. Rd TR Buffalo Shoals Rd 2nd lot on L before Poppy Lane

SUBDIVISION A.F. Trantman | BLOCK / SECTION | LOT 46 | LOT AREA 100' x 240 | SITE CLASS PS | DESIGN FLOW 240 | L.T.A.R. .3 gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 2-24-95

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 30"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: conventional, gravity fed

Repair System Description: not required but can get 100%

Maintenance Agreement Required: ☐ Yes ☑ No with infiltrator

Gravel Depth 12"

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees

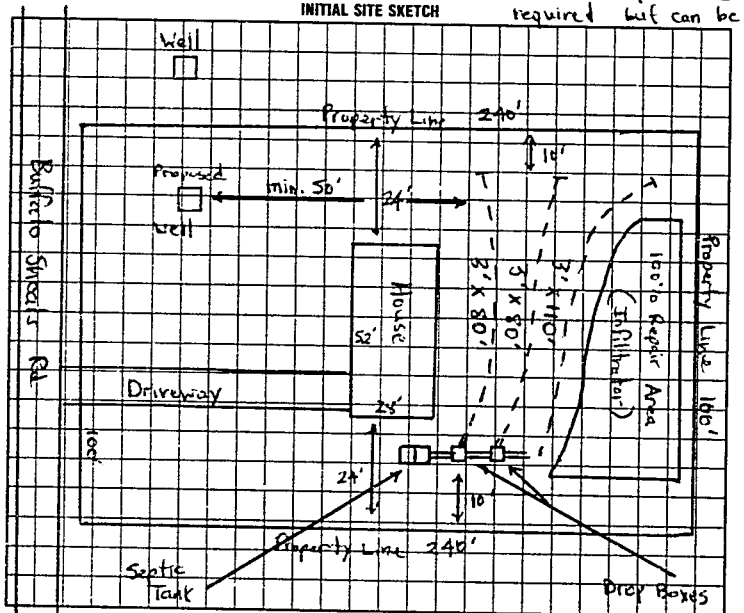
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: Install System Shallow (no deeper than 30" to trench bottom) Keep lines and trenches on contour. Keep system 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 not required but can be achieved by using the infiltrator system.

Comments: Septic Tank inspected on 5-9-95. Septic System drain lines inspected on 5-10-95. Well not located at time of inspection. Keep 1st max. feasable distance from any septic system and no closer than 50'.

INITIAL SITE SKETCH



AS BUILT 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: [signature]

Improvement Permit by: Michael J. Dennis date 4-6-95

Existing System Insoection by: _____ date _____

Installed by: Forest Shuford

Certificate of Completion by: Michael J. Dennis date 5-10-95

Operation Permit by: _____ date _____

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