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. 20922 DATE 5-15-95 TAX MAP NO. 3 5-3-D-14 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Chris Davidson Builders PHONE: Business 528-6197 Home WS4 PA

ADDRESS Buffalo Shoals Rd TL Poppy Ln TL First Rd 2nd lot left

LOCATION

SUBDIVISION A.F. Trautman BLOCK / SECTION LOT 107 LOT AREA .859 acres SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. .3

Septic Tank: 1000 Est Gallons; STB 1012 Date 4-1-95

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

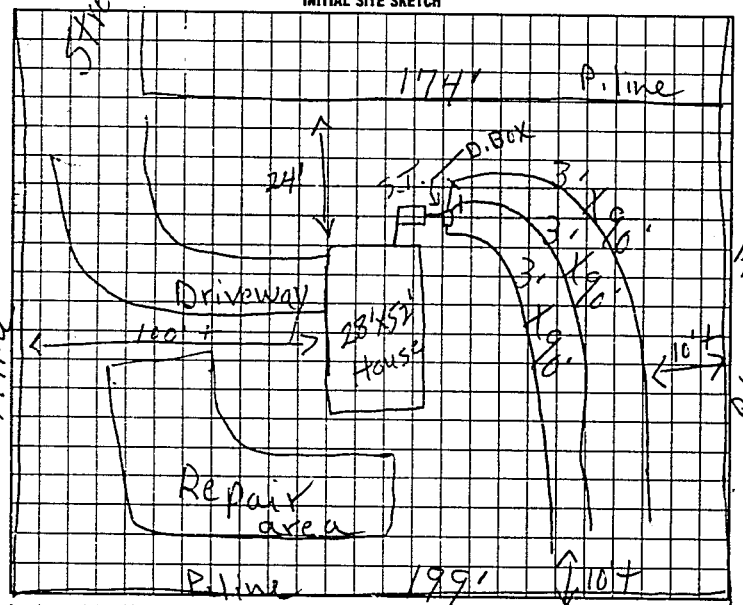
Water Supply: ☐ Individual ☑ Community ☐ Public

Comments:

X

Comments: Property lines not staked at time of Final inspection. We could not determine if lines were required distances from property lines. Survey in order to get COC. System inspected on 7-21-95. Contractor did not have any speed levelers, therefore we could not level D-box distribution.

INITIAL SITE SKETCH



AS BUILT SKETCH

D-box needs to be checked when distance from property lines are checked.

Property lines surveyed. Checked distance from property on 8-3-95.

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 CHRIS DAVIDSON Forest Shuford

Improvement Permit by: R. C. Moore date 5-15-95

Existing System Inspection by: date

Installed by: Forest Shuford

Certificate of Completion by: Michael D. Dennis date 8-3-95

Operation Permit by: date

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