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. 26095 DATE 4-24-97 TAX MAP NO. 4722238586 4(pt)

OWNER OR CONTRACTOR Chris Davidson PHONE: Business 528-6192 Home Watershed: ☐ Yes ☐ No

ADDRESS PO Box 5602 Statesville NC WSIV PA

LOCATION I 40 W Tl Dl Amtn Rd Rd on left Before Buffalo Shoals 3rd lot on (R)

SUBDIVISION Kyles Wood BLOCK / SECTION LOT 12 LOT AREA 32,445 SITE CLASS. P/S DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 620 Date 11-3-97

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 36in Max Trench Bottom Depth 36in Gravel Depth 12in

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

System Description: Grquit Conventional

Repair System Description: Drop Covered Chambers

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

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

Water Supply: ☐ Individual ☒ Community ☐ Public well

Comments: Keep lines on contour 9ft on center

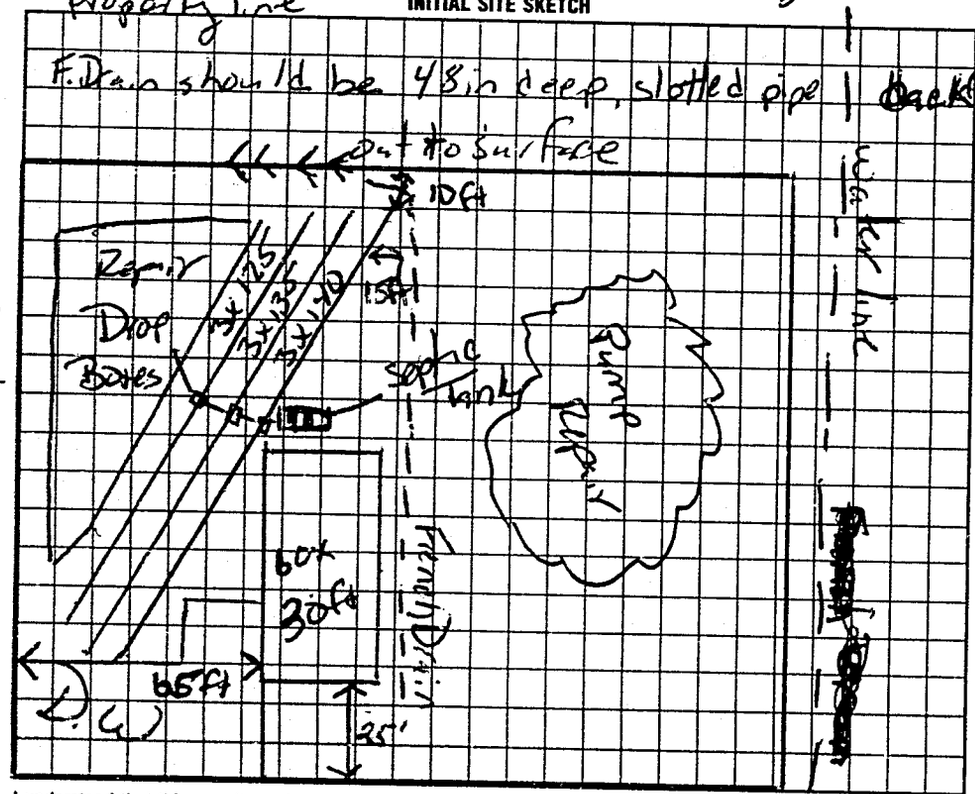
French Drain Being installed ~~along~~ ~~Road~~ Behind house out to dry ~~line~~ light at property line

Comments:

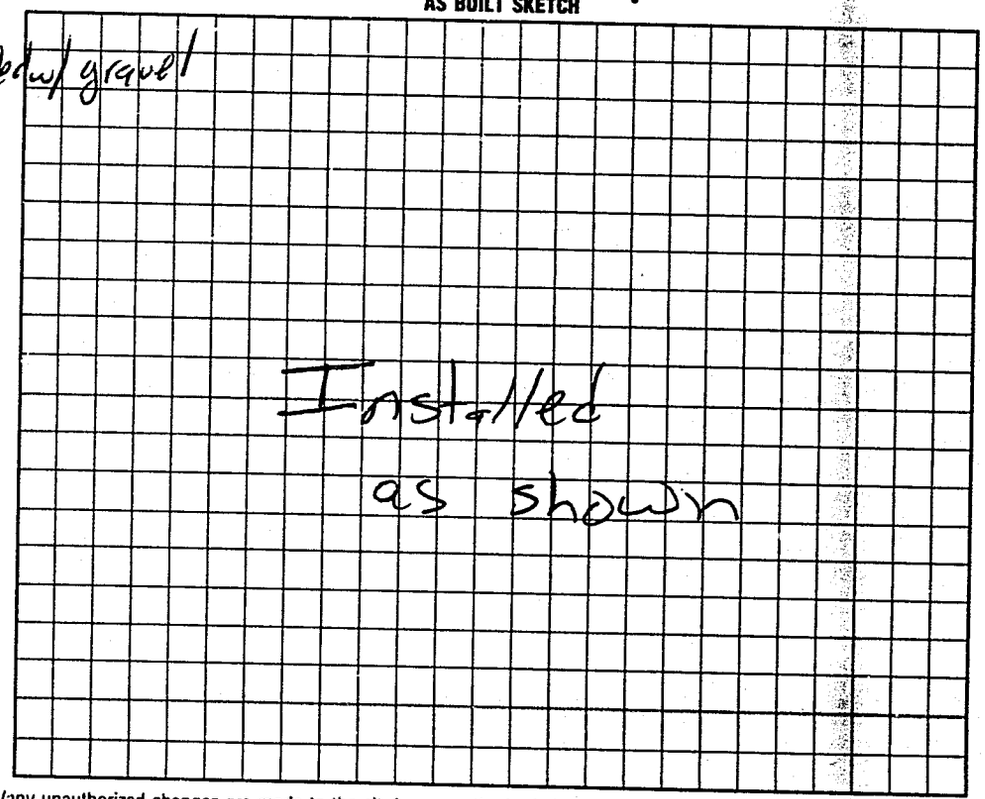
~~*~~ check septic system 3-27-98

Need French Drain inspected 3-31-98

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. Authorization to construct expires 5yrs from issue date

Signed: Neil Kale

Improvement Permit by: Mark Croft date 4-24-97

Authorization to Const.

Existing System Inspection by: Mark Croft date 4-24-97

Installed by: Sammy Reavis

Certificate of Completion by: date

Operation Permit by: Mark Croft RS date 3-31-98

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