IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281 50003

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 17617 DATE 1-10-94 TAX MAP NO. 6E-17-A-63 Watershed: ☐ Yes ☑ No

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

ADDRESS P.O. Box 5602 Statesville, N.C. 28677

LOCATION I40W TL Stamey Farm Rd TL Hwy 70 TR Airport Rd. TR Parker Lake Loop Rd. TL Delight Loop Rd. 1st on L after curve.

SUBDIVISION Lakewood Est. BLOCK / SECTION _____ LOT 63 LOT AREA 100'x 200' SITE CLASS. P.S. DESIGN FLOW 240 L.T.A.R. .28 gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 9-7-93
Pump Tank: — Gallons; PT — Date —
Pump Make: — Model — Serial No. —
Nitrification Field: No Fields 1 Square Feet 870 Linear Feet 290'
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: conventional, gravity
Repair System Description: 15% PPBPS 85% LPP
Maintenance Agreement Required: ☐ Yes ☑ No

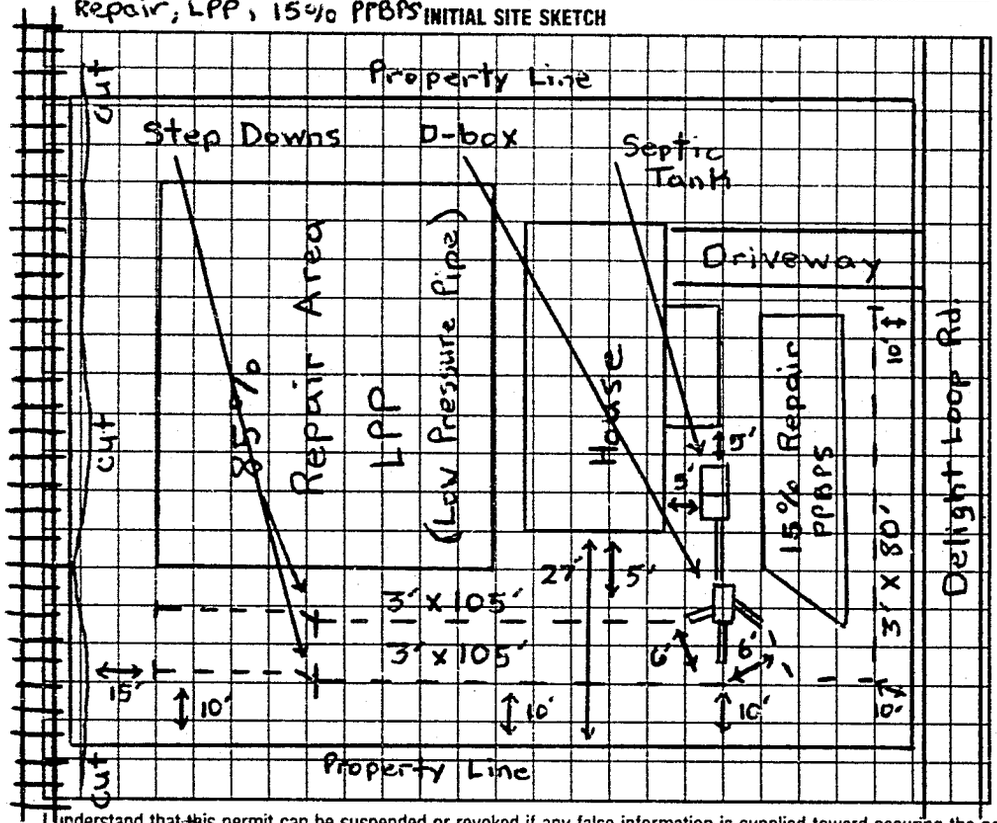
☑ House/Mod. Home No. Bedrooms 2
☐ Mobile Home No. Bathrooms 1
☐ Business No. Employees ____
☐ Other ____
☑ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

Comments: Install Nitrification Lines no deeper than 36" to the bottom of trench. Install step downs ≈ 75' of the 105' lines. Keep lines 10' from all property lines, 5' from foundation of home, 15' from cut, and 10' from water line. 85% Repair, LPP, 15% PPBPS

Comments: System left open to a period of bad weather (ice + rain) may affect life of system. 100% Repair, 15% PPBPS in front yard, 85% LPP in back yard.

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 _____

Improvement Permit by: J.C. Moore / Michael J. Dennis date 1-10-94

Existing System Inspection by: _____ date _____

Installed by: Forest Shuford

Certificate of Completion by: Michael J. Dennis date 1-24-94

Operation Permit by: _____ date _____

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