48675

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. 16968 DATE 9-9-93 TAX MAP NO. 6E-17-A-73

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

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

LOCATION I-40 W TL Stoney Farm Rd. TL Hwy 70 TR Airport Rd TR 2nd entrance Parker Lake Loop Rd. TL Lakewood Dr. Lot on L in sharp curve.

SUBDIVISION Lakewood Estates BLOCK / SECTION LOT 73 LOT AREA .75 acre SITE CLASS. P.S. L.T.A.R. .35 gpd/ft²

Water Supply: ☐ Individual ☐ Community ☑ Public county water

Septic Tank: 1000 Gallons: STB 1012 Date 8-11-93

Pump Tank: — Gallons: PT — Date —

Nitrification Field: No Fields 1 Square Feet 690 Linear Feet 230'

No Lines 2 Trench Width 36" Trench Depth 18"-36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I. (II.) III. IV. V. VI

System Description: Conventional, gravity

Repair System Description: " "

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms 1

☐ Business No. Employees —

☐ Other

Garbage Disposal: ☐ Yes ☑ No

Auto. Dishwasher: ☑ Yes ☐ No

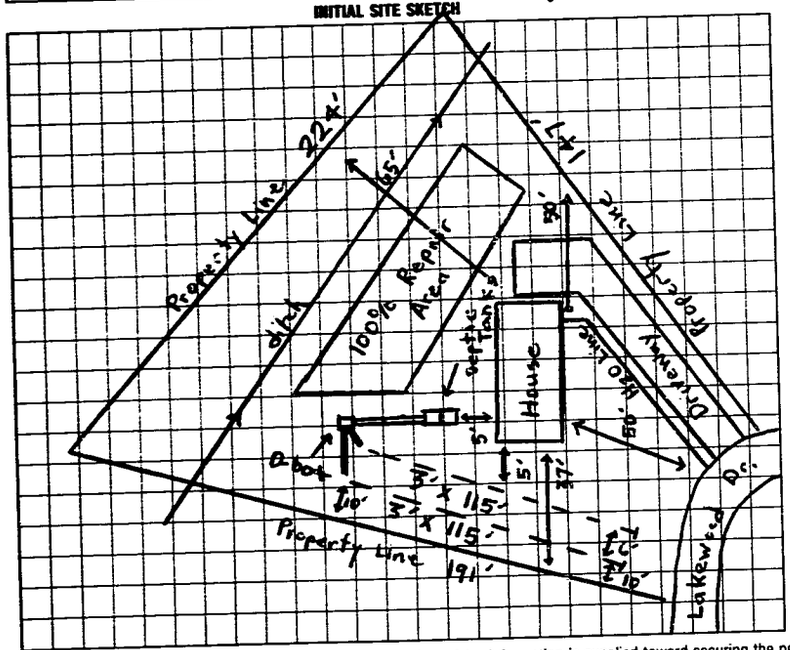
Auto. Washing Machine: ☑ Yes ☐ No

Other

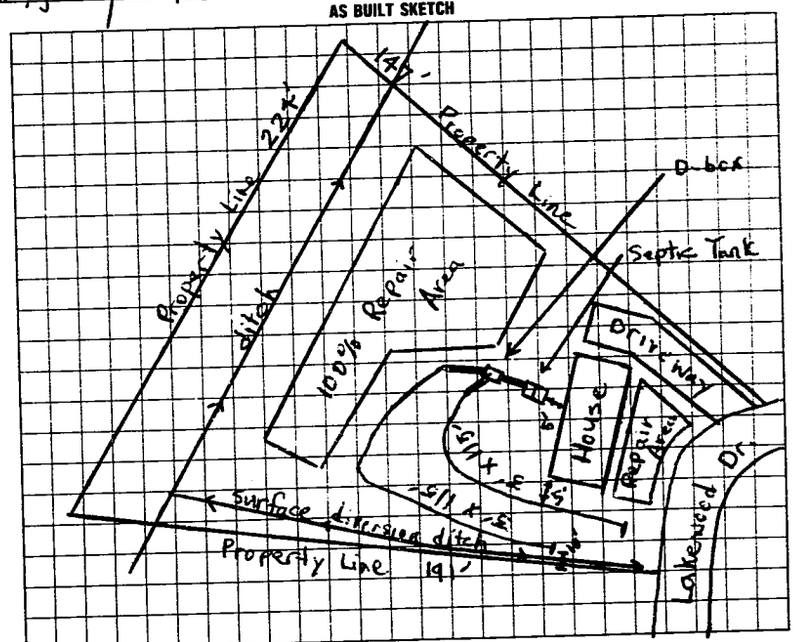
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments Set top of tank at surface of ground, add cover over tank. Install drain lines as shallow as possible. Keep Nitrification lines on contour, Keep system 5' from foundation of home, 10' from all property lines, and 10' from water line. 100% Repair behind house, conventional, gravity fed.

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.

Signed: [signature]

Improvement Permit by: Michael J. Dennis date 9-9-93

Existing System Inspection by: date

Installed by: Forest Shuford

Certificate of Completion by: Michael J. Dennis date 9-23-93

Operation Permit by: date

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