2:00

60029

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 23288 DATE 3-14-96 TAX MAP NO 6E-15-A-8 Watershed: Yes / No

OWNER OR CONTRACTOR CHRIS DAVIDSON PHONE Business 528 6192 Home 881-3591

ADDRESS P.O. BOX 5602, STATESVILLE, NC 28687

LOCATION BUFFALO SHOALS ROAD, TL RAVENWOOD DRIVE, 4th LOT ON RIGHT

SUBDIVISION RAVENWOOD BLOCK / SECTION LOT 8 LOT AREA AS SHOWN SITE CLASS PS DESIGN FLOW 240 L.T.A.R. 0.30 GPD/FT2

Septic Tank: 1000 Gallons: STB 1794 Date 1-16-96

Pump Tank: Gallons: PT Date

Pump Make: Model 1350 Serial No 450

Nitrification Field: No Fields 1 Square Feet 810 Linear Feet 270

No Lines 3 5 Trench Width 36" Max Trench Bottom Depth 18-36 Gravel Depth 12"

New System / Repair System Type I II III IV V

System Description CONVENTIONAL GRAVITY

Repair System Description CONVENTIONAL GRAVITY

Maintenance Agreement Required Yes / No

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

House/Mod Home No Bedrooms 3

Mobile Home No Bathrooms 2

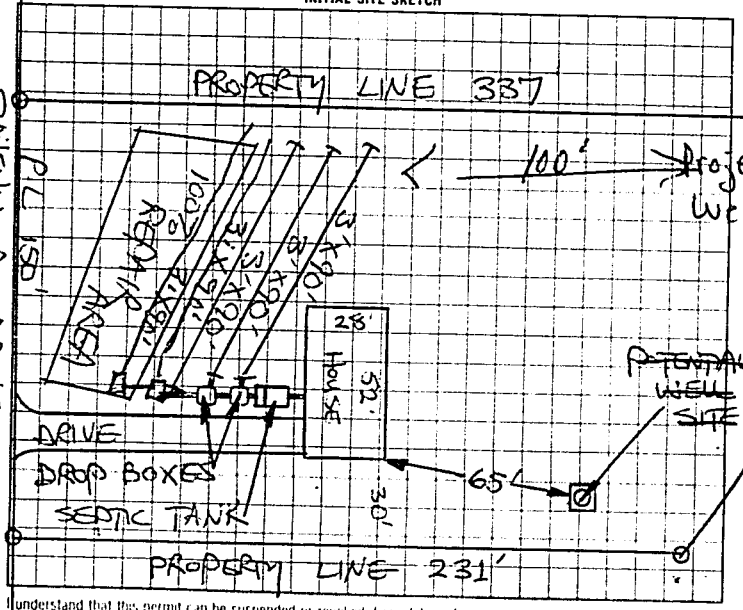
Business No Employees

Other

Water Supply: / Individual, Community, Public WELL

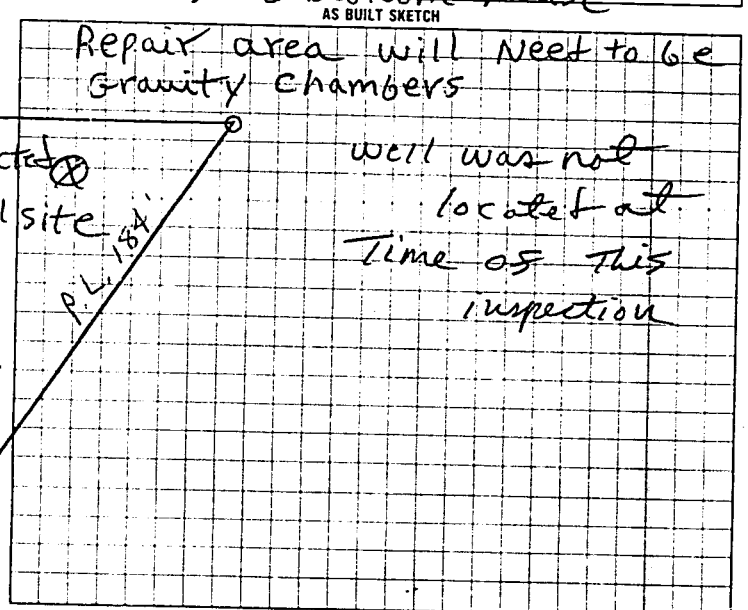
Comments: ① KEEP SYSTEM MINIMUM 100' FROM WELL, 10' FROM PROPERTY LINE, 5' FROM HOUSE ② INSTALL LINES AS SHOWN, ON CONTOUR, NO DEEPER THAN 36", 9' MINIMUM APART ON CENTER

INITIAL SITE SKETCH



Comments: System was installed with 5 - 90' Drain lines To Take Care of 3 Bedroom House

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

AUTHORIZATION TO CONSTRUCT IS VALID FIVE (5) YEARS FROM DATE OF ISSUANCE. IMPROVEMENT PERMIT HAS NO EXPIRATION DATE

Signed

Improvement Permit by STEVE HEARICK date 3-14-96

AUTHORIZATION TO Existing System Inspection by CONSTRUCT STEVE HEARICK date 3-14-96

Installed by Chris Davidson

~~Certificate of Completion by~~ date

Operation Permit by R.C. Moore date 5-10-96

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

0-0 3 2 1 5