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. 20983 DATE 9-16-96 TAX MAP NO. 6E-15-A-11 Watershed: ☐ Yes ☑ No

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

ADDRESS PO BOX 5602 Statesville, N.C.

LOCATION Buffalo Shoales Rd To Ravenwood Dr 4th lot on Rt.

SUBDIVISION Ravenwood BLOCK / SECTION _____ LOT 11 LOT AREA 132X~~170~~ SITE CLASS. A-S DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 1-23-97
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 3 Trench Width 3ft Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity Chambers
Repair System Description: II II
Maintenance Agreement Required: ☐ Yes ☑ No

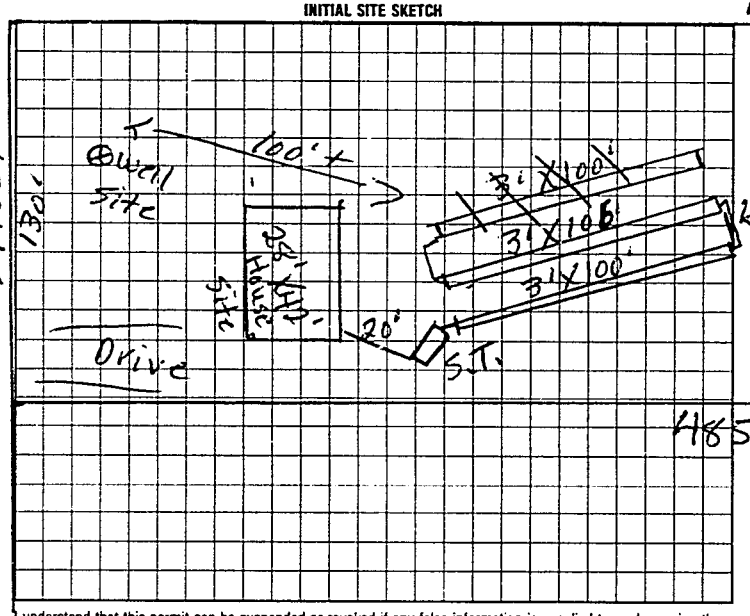
☑ House/Mod. Home No. Bedrooms 3 2
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments:

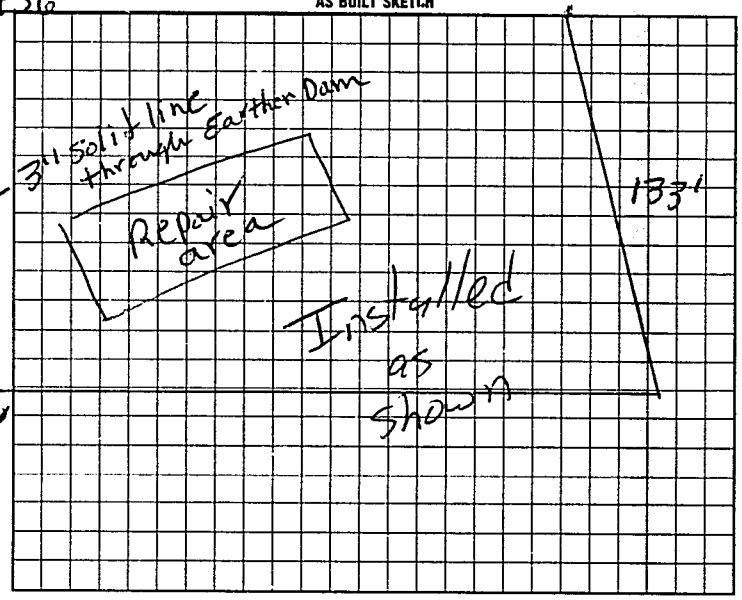
Comments: well not in at time of inspection make sure 100ft

INITIAL SITE SKETCH



456'

AS BUILT SKETCH



485'

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.

Signed: _____

Improvement Permit by: P.C. moore date 9-16-96

authorization to cover P.C. moore date 9-16-96

Installed by: Larry Sherrill

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date 3-13-97

ENVELOPE COPY WHITE INSPECTION COPY (FINAL) GREEN OWNER COPY (FINAL) YELLOW INSPECTION COPY (INITIAL) PINK OWNER COPY (INITIAL) GOLD

authorization to cover expires 60 mos from issue

ΣLIΣ00