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. 24790 DATE 9-11-96 TAX MAP NO. 10D-2-A-20 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Joe Davidson PHONE: Business _____ Home _____

ADDRESS 524 E Broad St. Statesville N.C.

LOCATION S Chipley Ford Rd TR Ft Dobbs Rd TL Dobbs Drive 3rd lot on Rt

SUBDIVISION Ft Dobbs Est BLOCK / SECTION _____ LOT 20 LOT AREA .188 acres SITE CLASS. PS DESIGN FLOW 486 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 7-6-99

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☐ New System ☐ Repair System Type: I, II, (III), IV, V

System Description: Chambers Gravity

Repair System Description: Chambers Pump

Maintenance Agreement Required: ☐ Yes ☐ No

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

☐ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

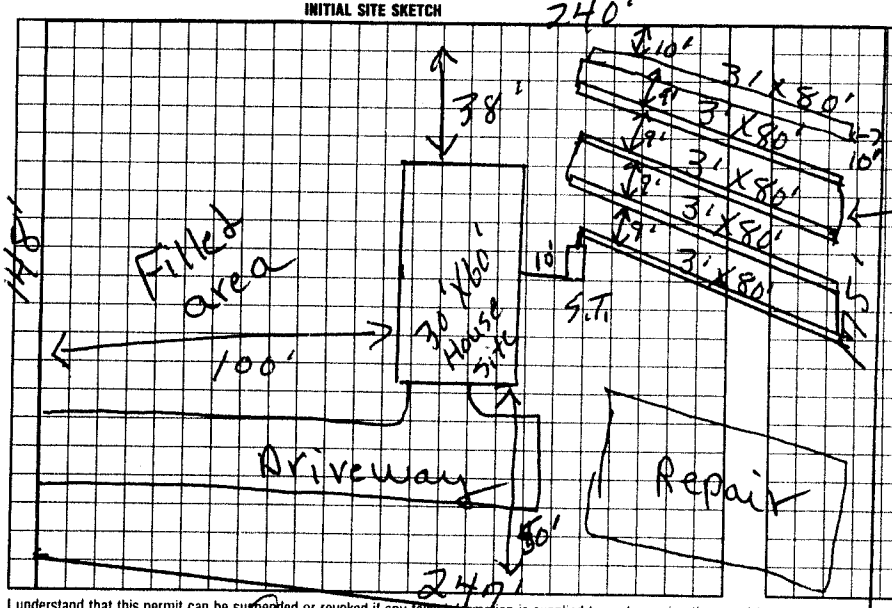
No. Bedrooms 4 No. Bathrooms 2½ No. Employees _____

Water Supply: ☐ Individual ☐ Community ☒ Public

Comments:

Comments:

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.

Signed: X Joe Davidson

Improvement Permit by: E.C. moore date 9-11-96

Existing System Inspection by: E.C. moore date 9-11-96

Authorization to Construct

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

Installed by: Craig Thompson

Certificate of Completion by: _____ date _____

Operation Permit by: E.C. moore date 9-15-99

Authorization to Construct Expires 60 mos from issue

INSPECTION COPY (INITIAL) PINK OWNER COPY (INITIAL) GOLD