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. _____ DATE 8-24-93 TAX MAP NO. _____

OWNER OR CONTRACTOR Walter Davis PHONE: Business _____ Home 876-3788

ADDRESS Rt 18 Box 114 Sta.

LOCATION 21 N TR Strawberry Lane 2nd Hse on left

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 2 acres SITE CLASS. P.S. L.T.A.R. .3

Water Supply: ☐ Individual ☐ Community ☑ Public

Septic Tank: EX Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

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

☐ New System ☑ Repair System Type: I, II, IV, V, VI

System Description: _____

Repair System Description: Conv. Gravity

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

Garbage Disposal: ☐ Yes ☑ No

Auto. Dishwasher: ☑ Yes ☐ No

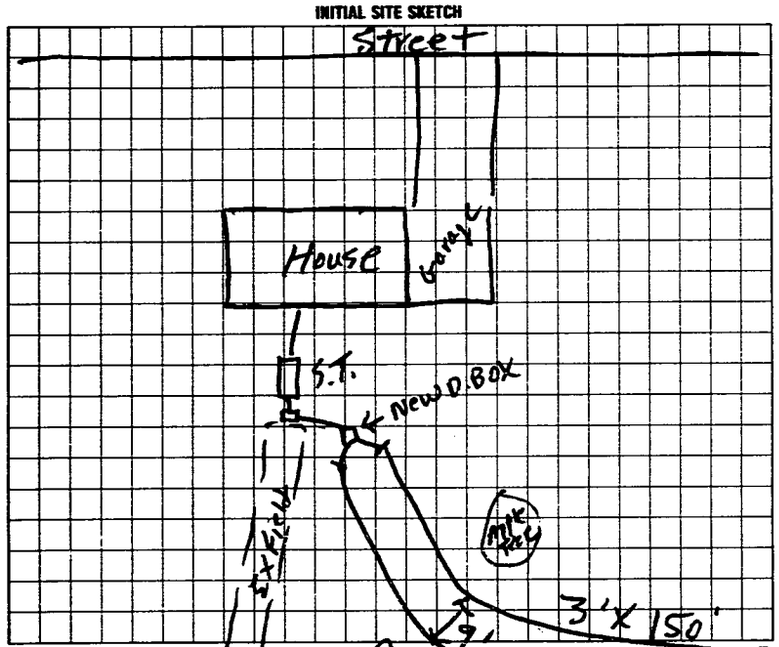
Auto. Washing Machine: ☐ Yes ☐ No

Other ✓

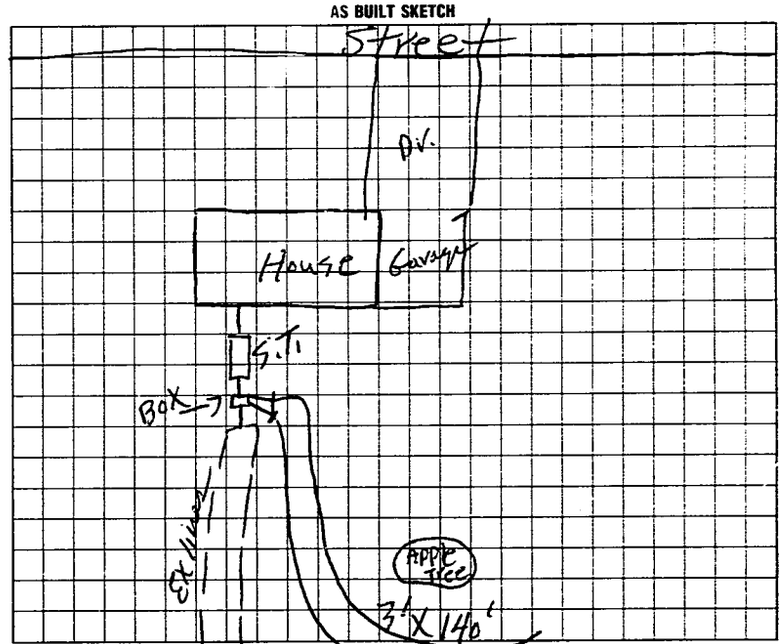
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☑ Basement wo/plumbing

Comments Feet New lines First out of old D. Box

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: X Walter L. Davis

Improvement Permit by: L. C. Moore date 8-24-93

Existing System Inspection by: _____ date _____

Installed by: Kenny Pearson

Certificate of Completion by: L. C. Moore date 11-4-93

Operation Permit by: _____ date _____

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