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. 22795 DATE 12-13-95 TAX MAP NO. 12C-A-19B Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Harry D. Davis PHONE: Business _____ Home 876-6289

ADDRESS 1706 Devon Ln Statesville, N.C. 28677

LOCATION 64E to Society Ch Rd 1.2 mi on left

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 5.21 acres SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1017 Date 12-27-95 ☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

Pump Tank: _____ Gallons; PT _____ Date _____ System Description: Conv. Gravity

Pump Make: _____ Model _____ Serial No. _____ Repair System Description: " "

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400 Maintenance Agreement Required: ☐ Yes ☑ No

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12" ☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

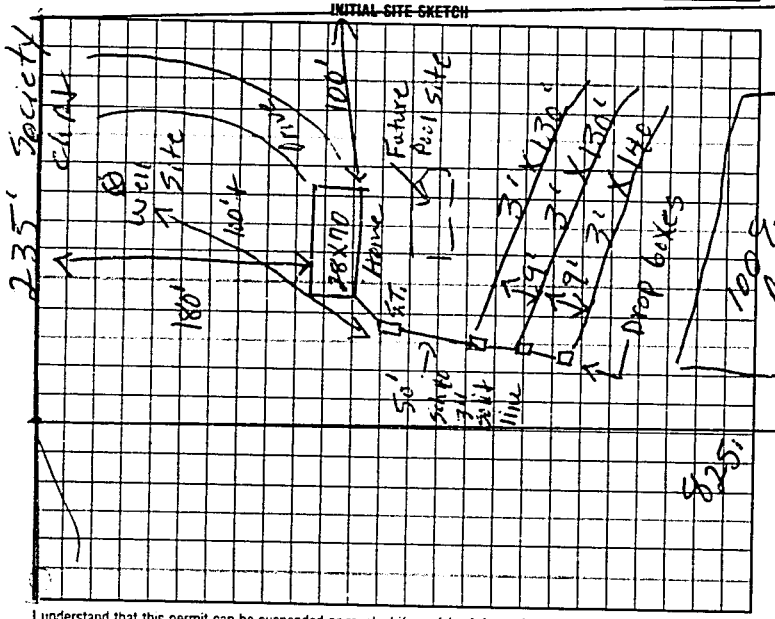
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

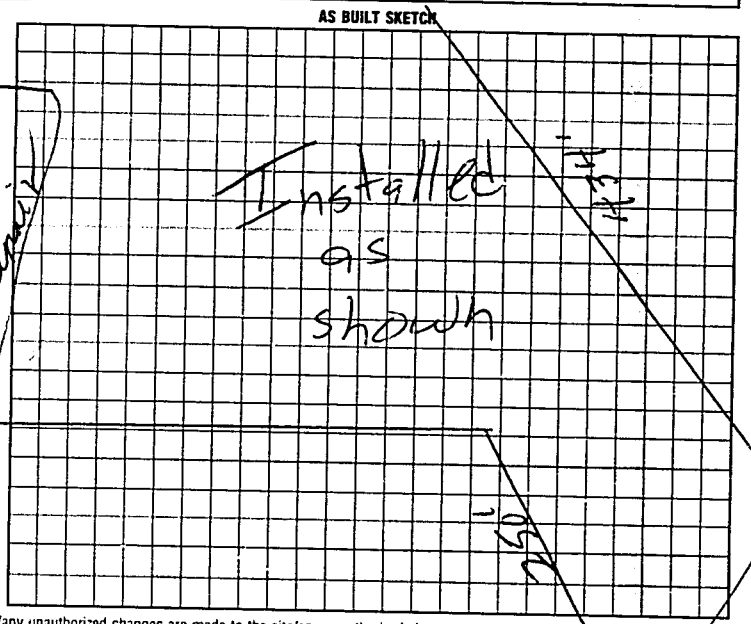
Comments: N64

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 Harry D. Davis

Improvement Permit by: D.C. Moore date 12-13-95

Existing System Inspection by: D.C. Moore date 12-13-95

Installed by: A-1 Backhoe

Certificate of Completion by: _____ date _____

Operation Permit by Mark Coffey date 4-1-97

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

Authorization to const. Expires 60 mos. from issue date

to const.