IREDELL COUNTY HEALTH DEPARTMENT

Const. Auth. STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / ~~CERTIFICATE OF COMPLETION~~ / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 23353 DATE June 4, '96 TAX MAP NO. part of 2CA3 4626415005 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR President Resources Inc (Jaussy Burbank) PHONE: Business _____ Home _____

ADDRESS PO Box 1003 Charlotte

LOCATION Hwy 90 Sch Rd to R Chickwood Tr L Morrows Ridge Ln. TR Wild Iris on Right

SUBDIVISION The Harbour BLOCK / SECTION III LOT 10 LOT AREA 20,000 ft² SITE CLASS. V Spec. 1250 DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB Tank Date 11/24/98
Pump Tank: 1000 Gallons; PT 2" Date 11/3/98
Pump Make: Simo Re. Model SHEF 50 M1 Serial No. 11/98
Nitrification Field: No Fields 1 Square Feet 400 Linear Feet 200
No Lines 4 Trench Width 24" Max Trench Bottom Depth 30" Gravel Depth NA

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

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees _____
☐ Other _____

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

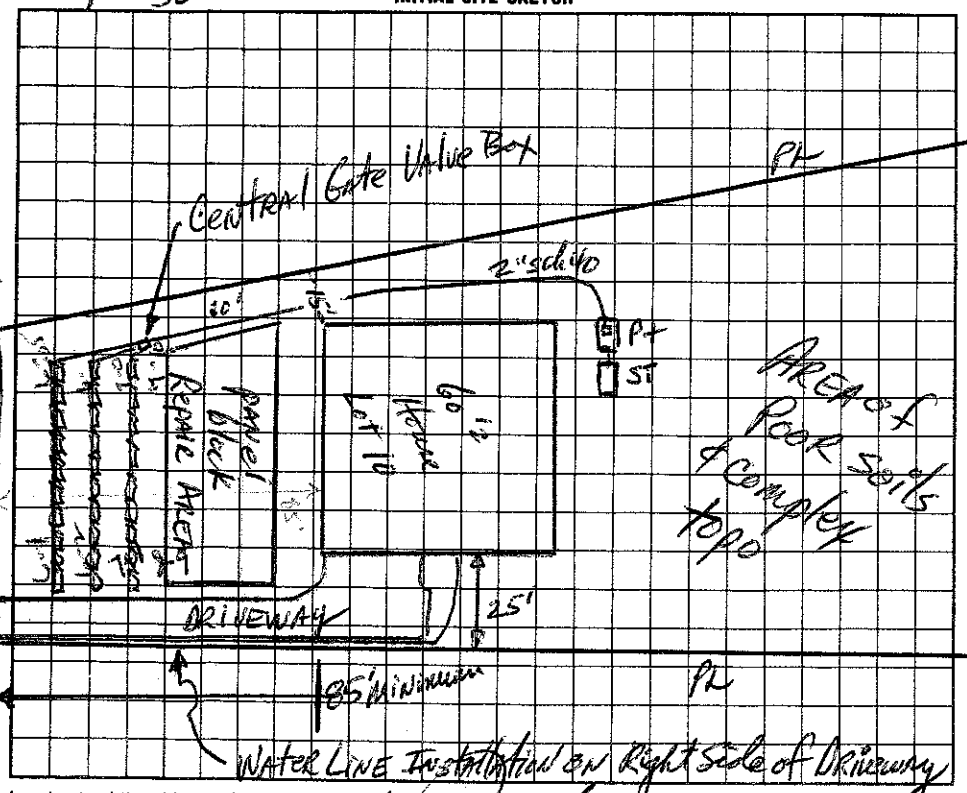
Water Supply:
☐ Individual
☑ Community
☐ Public

Comments:

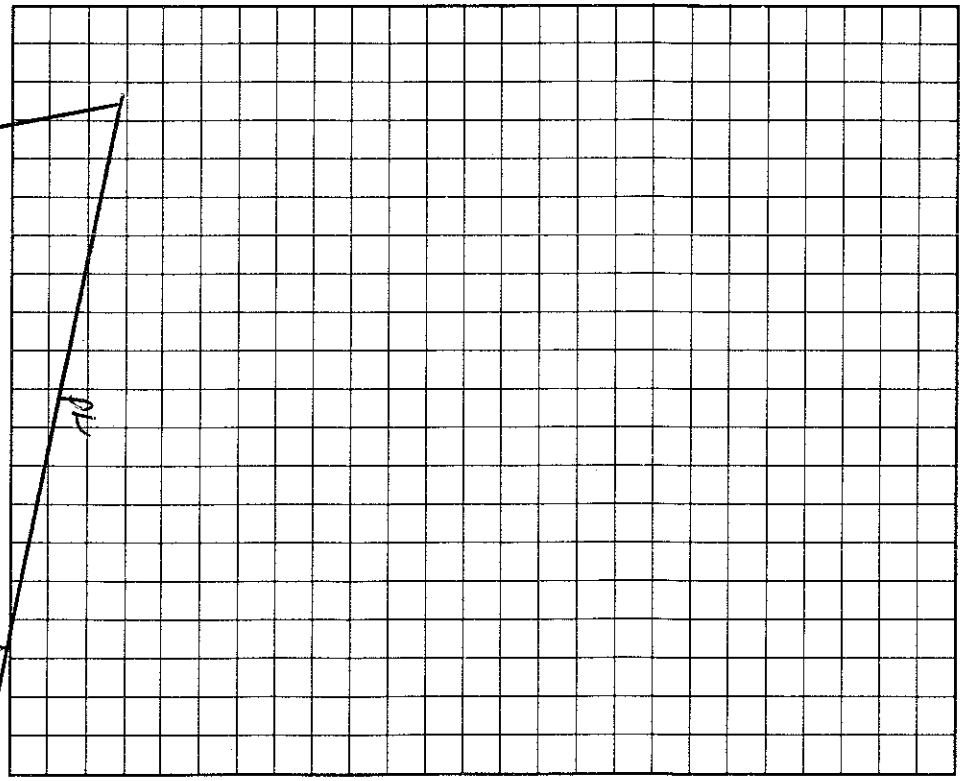
Comments:

INITIAL SITE SKETCH

1" = 50'



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: _____

Improvement Permit by: _____ date 6-4-96

~~Existing System Inspection by:~~ Construction Authorization _____ date 4/13/98

Installed by: MacLeod

Certificate of Completion by: _____ date _____

Operation Permit by: Wesley Spencer RS. date 1/7/99

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