PIN# 4626-75-6785

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. 16484 DATE June 10, '93 TAX MAP NO. 2F10B14

OWNER OR CONTRACTOR Rick Howell Ent PHONE: Business 892-1020 Home

ADDRESS 16201 Setton Road, Huntersville, NC 28078

LOCATION 1400 SR 1115 Phase 4 TR Angie Lane TR Ridgebrook Dr. 2nd lot on left

SUBDIVISION Brookridge Shores BLOCK / SECTION 4 LOT 14 LOT AREA 100'X253' SITE CLASS. 5 L.T.A.R. .13

Water Supply: ☑ Individual ☐ Community ☐ Public

Septic Tank: 1000 Gallons; STB 794-Bellinger Date 8-19-93

Pump Tank: ____ Gallons; PT ____ Date ____

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

No Lines 4 Trench Width 36" Trench Depth 24"-30" Gravel Depth 12"

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

System Description: gravity conventional

Repair System Description: ~~same~~ PPBPS

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3 Garbage Disposal: ☐ Yes ☑ No

☐ Mobile Home No. Bathrooms 2 Auto. Dishwasher: ☑ Yes ☐ No

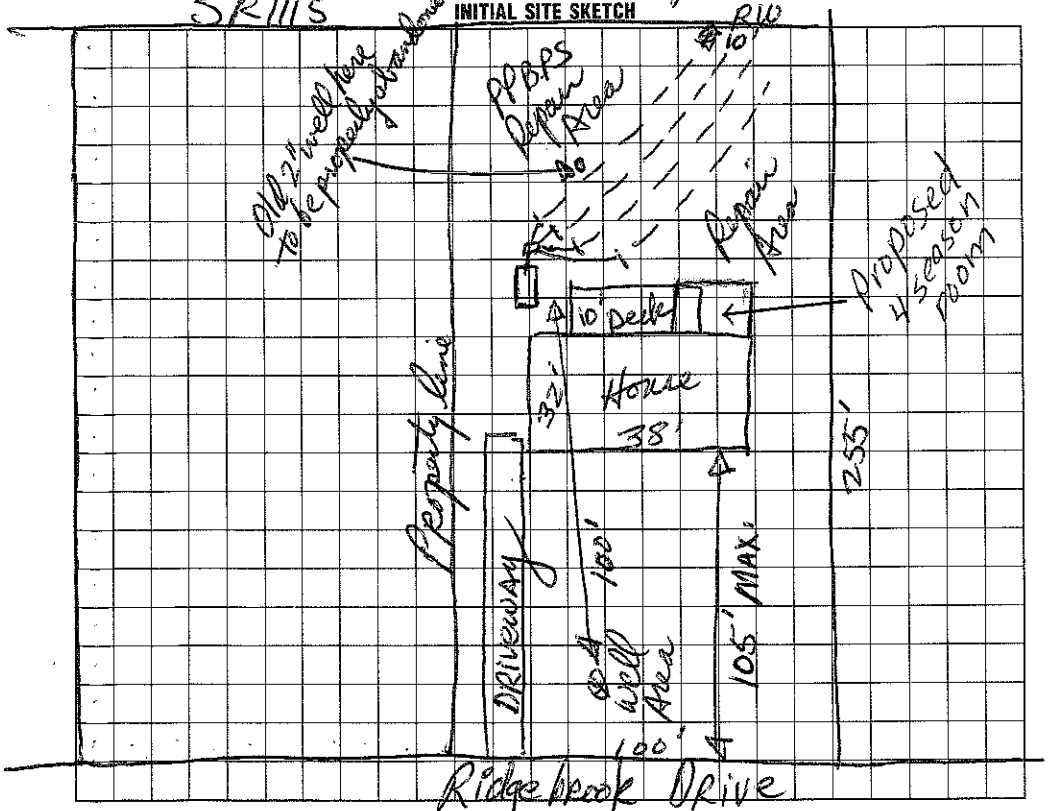
☐ Business No. Employees ____ Auto. Washing Machine: ☑ Yes ☐ No

☐ Other ____ Other ____

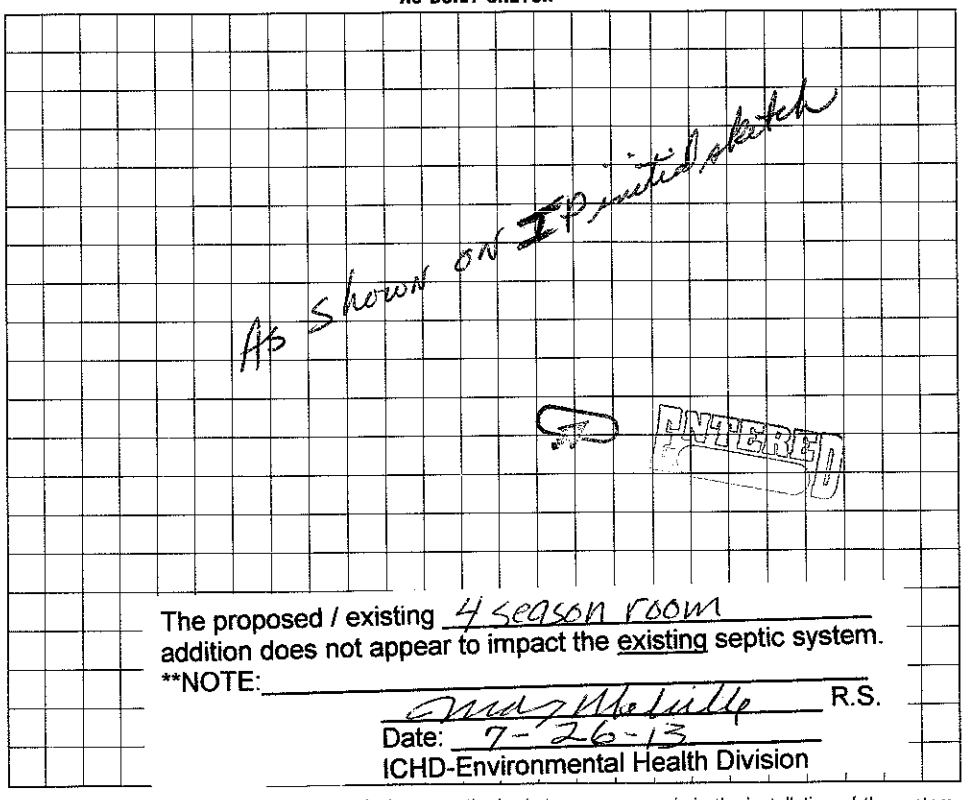
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments: Exit plumbing at existing grade in rear in order to accomodate specified trench bottom depth. Follow contour. System installed 10-15-93; well not abandoned as of this date.

INITIAL SITE SKETCH



AS BUILT SKETCH



The proposed / existing 4 season room addition does not appear to impact the existing septic system.

**NOTE: ____

R.S.

Date: 7-26-13

ICHD-Environmental Health Division

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: [signature]

Improvement Permit by: [signature], RS date 6/16/93

Existing System Inspection by: ____ date ____

Installed by: ____

Certificate of Completion by: [signature], RS date 10/21/93

Operation Permit by: ____ date ____

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