4634-79-9682

# 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. 19778 DATE Nov 30, '94 TAX MAP NO. 2B 7A 22 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Bobby Mashaw PHONE: Business _____ Home _____ LOS IV

ADDRESS 12 Duck Hook Circle, Lake Wylie, S.C. 29710

LOCATION 402 TR Royal Pt. TR Voyager Way on Rt. in Cul-D-Sac

SUBDIVISION Royal Pointe BLOCK / SECTION 1 LOT 22 LOT AREA 22,000 ft² SITE CLASS PS on 1958 DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB Jim Dellinger Date 5-12-95

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 200

No Lines 5 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: gravity PPBPS

Repair System Description: Expand LP PPBPS

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2½

☐ Business No. Employees _____

☐ Other _____

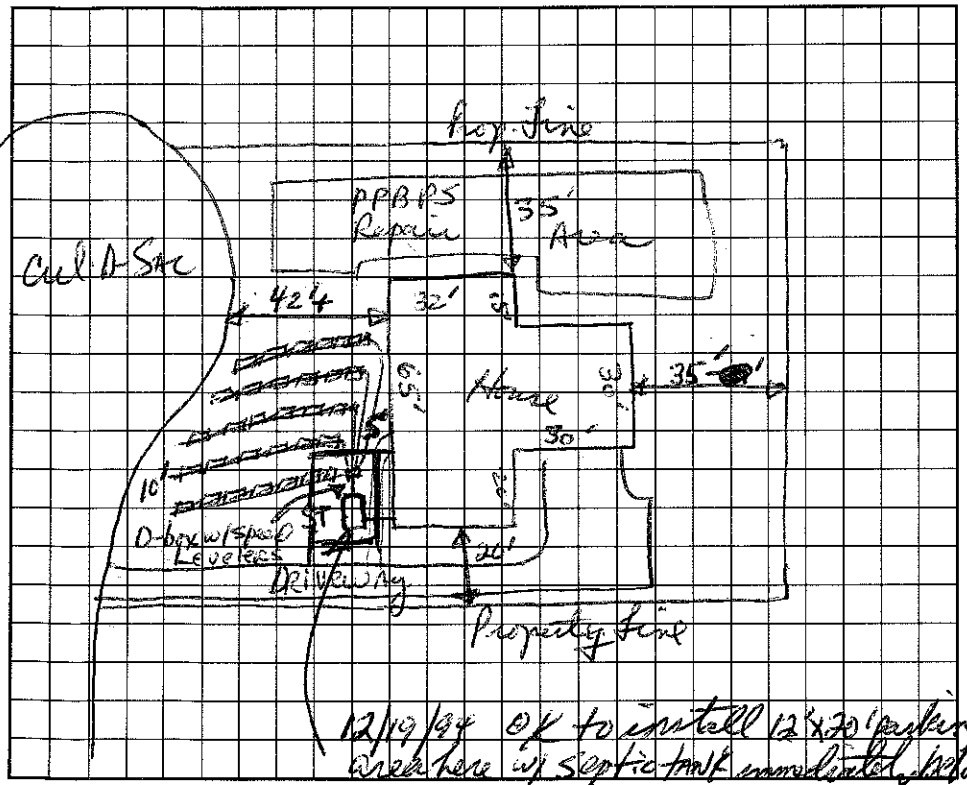
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Community ☐ Public

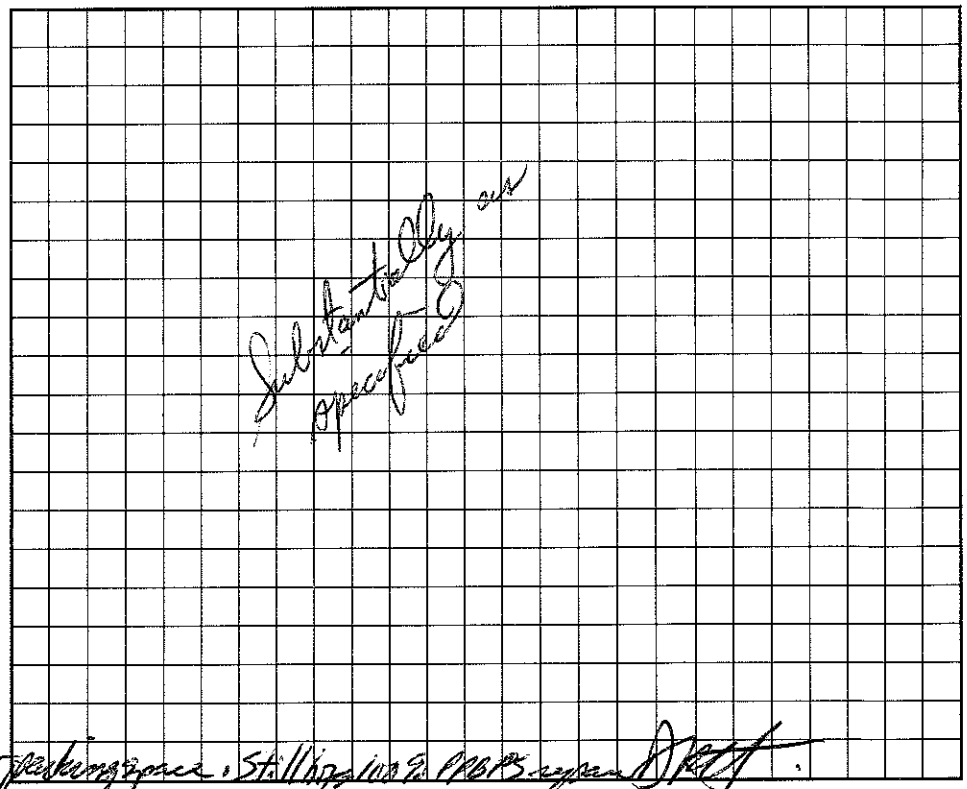
Comments: Follow contour as shown. Exit plumbing w/in 6" of existing surface grade.

Comments:

**INITIAL SITE SKETCH**




**AS BUILT SKETCH**




12/19/94 OK to install 12'x20' parking area here w/ septic tank immediately in front of parking space. Stillings ins. PPBPS system. RKT

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: _____

Improvement Permit by: Jesse R. Hunter, RS date 11/30/94

Existing System Inspection by: _____ date _____

Installed by: Bobby Mayhew

Certificate of Completion by: _____ date _____

Operation Permit by: Jesse R. Hunter, RS date 9-19-95

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