IREDELL COUNTY HEALTH DEPARTMENT

S SVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PROPERTY DESCRIPTION NO. 22332 DATE Oct 25, '95 TAX MAP NO. 2B5B58 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR C. Richard Robison PHONE: Business 548-0067 Home 4634-98-8901 WS4

ADDRESS 8220 University Exec. Pk. Charlotte

LOCATION Jamestree Road TL Knox View Lane

SUBDIVISION Kings Landing BLOCK / SECTION ____ LOT 58 LOT AREA ~ 26,000 ft² SITE CLASS. OSpt:19% DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 9/19/95

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

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

No Lines 4@75' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: gravity Infiltrator

Repair System Description: Sgnr or pumped INF

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees ____

☐ Other ____

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

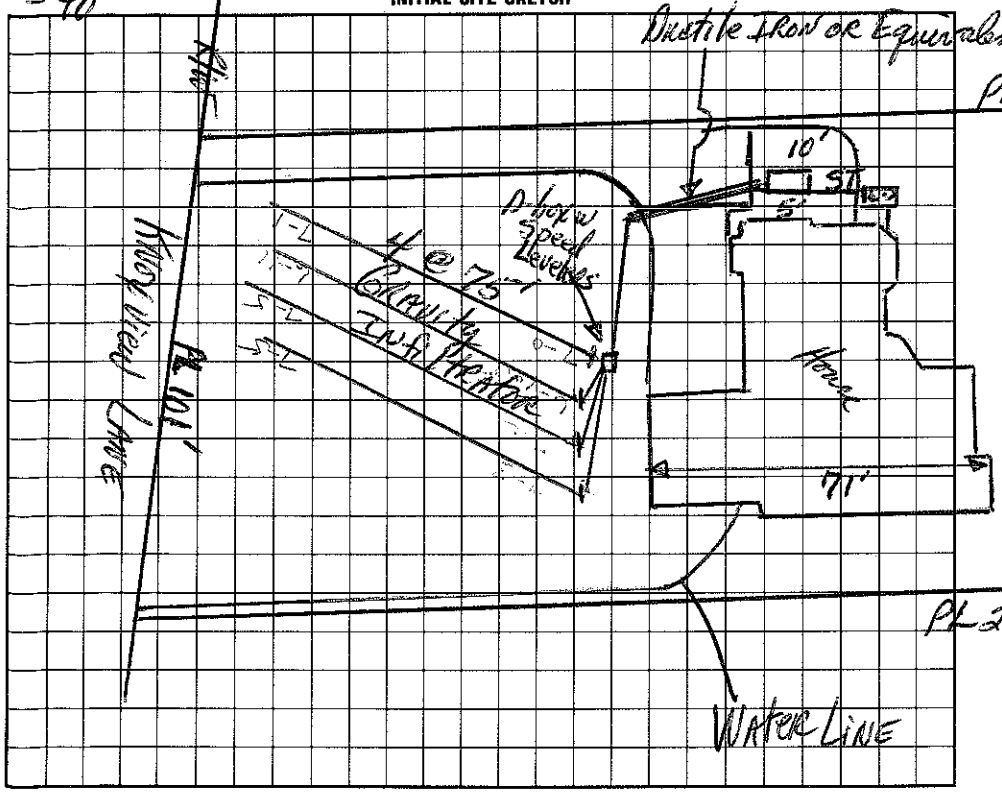
Water Supply: ☐ Individual ☑ Community ☐ Public

Comments:

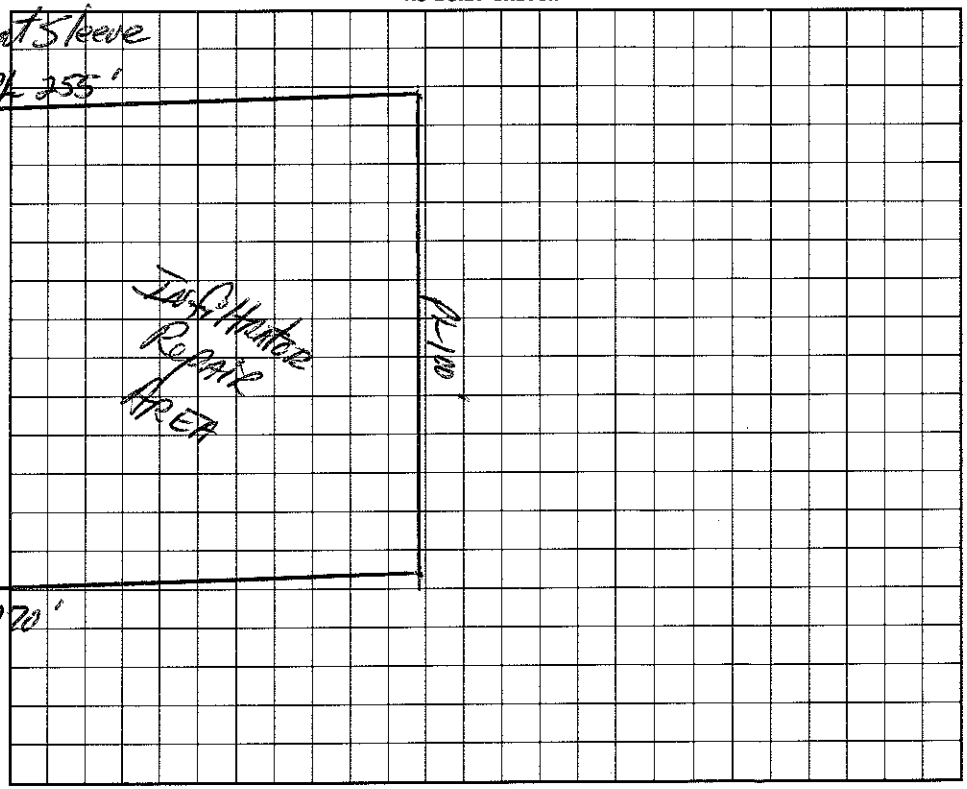
Comments:

1" = 40'

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: [signature]

Improvement Permit by: [signature], RS date 10/25/95

~~Existing System Inspection by:~~ [signature], RS date 10/25/95

Authorization TO Construct

Installed by: Bob Mayhew

Certificate of Completion by: ____ date ____

Operation Permit by: Wesley Sparks RS. date 10/30/96

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