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. 16631 DATE Oct. 21, '93 TAX MAP NO. 2623 B 15 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Robert Clingraham Homes PHONE: Business (704) 391-3715 Home Lake Norman

ADDRESS 2900 B I85 S. Service Rd. Charlotte NC 4635-19-0717

LOCATION 1100 TL 1113 TR Coe Creek Rd. TL Wynnewyth Dr. TL Wynnewood Cove 1st on left

SUBDIVISION North Shore BLOCK / SECTION 2 LOT 15 LOT AREA 7 20,000 ft² SITE CLASS PS per 1956 DESIGN FLOW 480 gpd L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 794 Dellinger Date 8-17-93

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 2 Square Feet ____ Linear Feet 320

No Lines 8 Trench Width 24" Max Trench Bottom Depth ~36" Gravel Depth ____

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

System Description: gravity PPBPS

Repair System Description: Gravity LP PPBPS

Maintenance Agreement Required: ☐ Yes ☑ No Not Initial

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3.5

☐ Business No. Employees ____

☐ Other ____

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

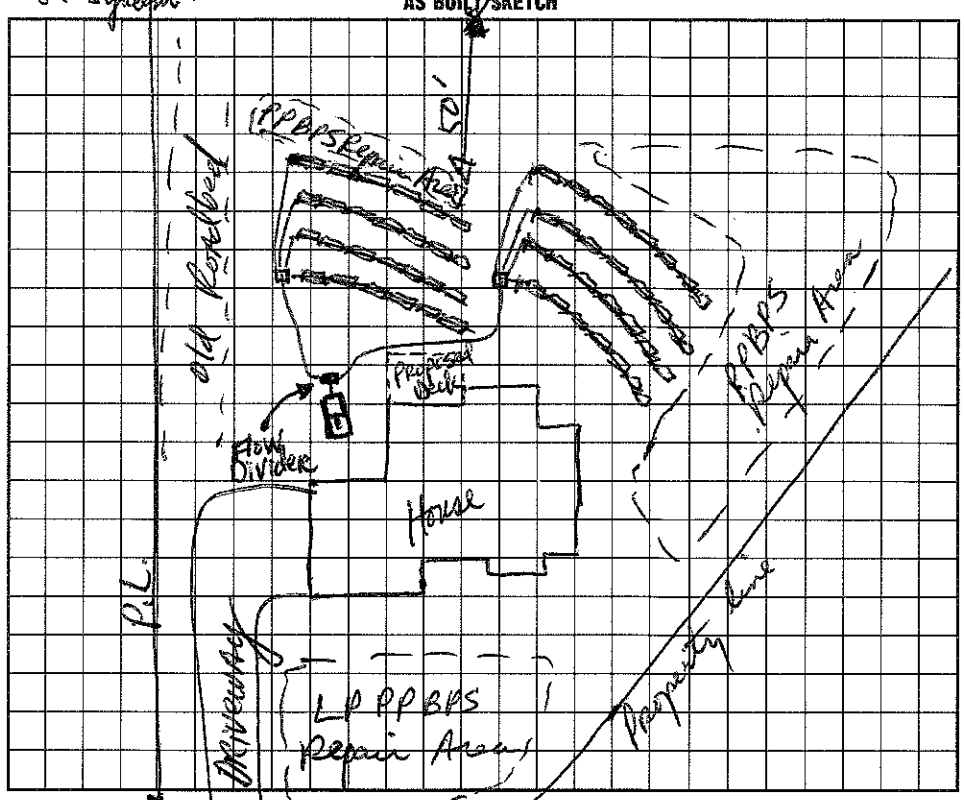
Water Supply:
☐ Individual
☑ Community
☐ Public

Comments:

Comments: Deck not constructed as of this date (10/21/93), Changes to Distribution System required to meet system design specs. TANK size reduction approved prior to installation

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. Improvement Permit is valid for 60 months from date of issuance.

Signed: ____

Improvement Permit by: ____ date ____

Existing System Inspection by: ____ date ____

Installed by: Iron Horse Grading

Certificate of Completion by: ____ date ____

Operation Permit by: David R. Hinson, RS date 10/21/93

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