IREDELL COUNTY HEALTH DEPARTMENT

4635196512.000

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PROPERTY DESCRIPTION NO. 116198 DATE August 27, 93 TAX MAP NO. 2623A32

OWNER OR CONTRACTOR M I Homes / Jillian + Huse PHONE: Business _____ Home _____

ADDRESS _____

LOCATION 1102 TL 1113 TR Waterford on Right in Cul-D-Sac

SUBDIVISION Pine Isle BLOCK / SECTION _____ LOT 32 LOT AREA ~28,800 SF SITE CLASS 5 per 1994 L.T.A.R. .3

Water Supply: ☐ Individual ☑ Community ☐ Public

Septic Tank: 1500 Gallons; STB 780 (ACP) Date 4-27-93

Pump Tank: 1500 Gallons; PT 104 (ACP) Date 4-20-93

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 270

No Lines 4 Trench Width 24" Trench Depth _____ Gravel Depth NA

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

System Description: LP PPBPS

Repair System Description: SAME

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3½

☐ Business No. Employees _____

☐ Other _____

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

Garbage Disposal: ☑ Yes ☐ No

Auto. Dishwasher: ☑ Yes ☐ No

Auto. Washing Machine: ☑ Yes ☐ No

Other _____

Comments 3/20/12 Contract current w/ TCW

INITIAL SITE SKETCH

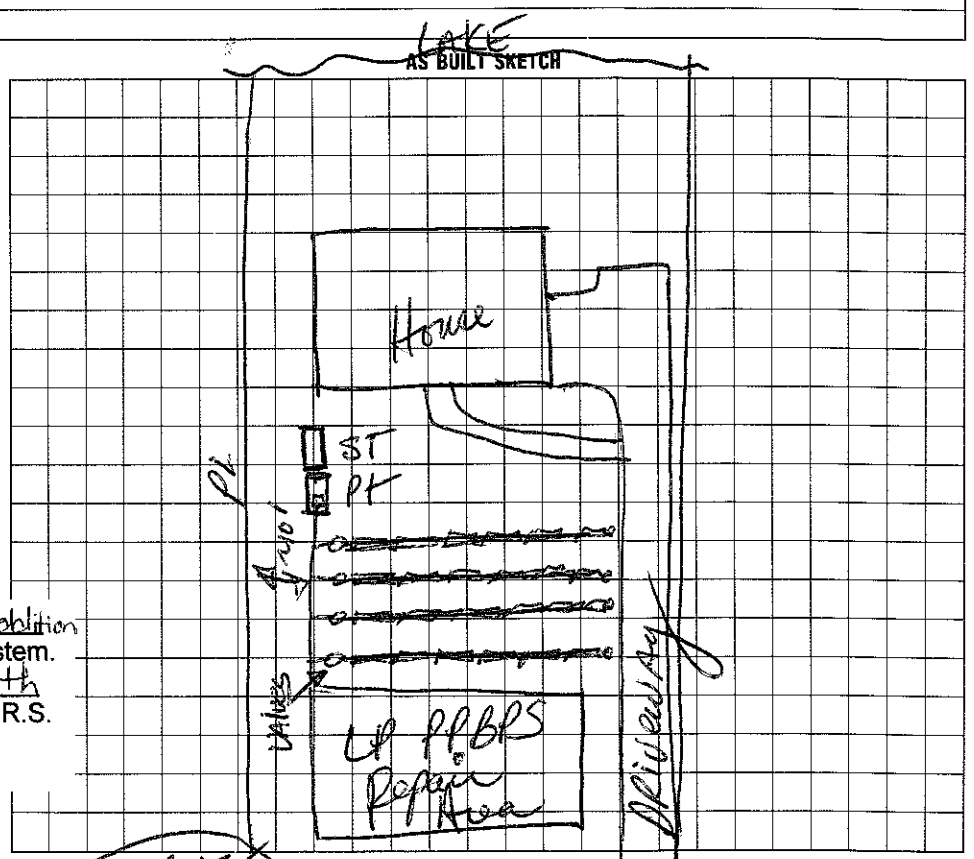
The proposed / existing House Remodel / Deck Addition addition does not appear to impact the existing septic system.

**NOTE: Must Keep Current on Contract with Certified Operator Maria Dotson R.S.

Date: 3/20/2012

ICHD-Environmental Health Division

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: Paul Orbison

Certificate of Completion by: _____ date _____

Operation Permit by: David R. Hinson, RS date 8/27/93

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