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. 16800 DATE August 31, '93 TAX MAP NO. 2623A 67

OWNER OR CONTRACTOR M I Homes PHONE: Business 376-9800 Home 4635-28-7379

ADDRESS 1043 E. Morehead St. Charlotte.

LOCATION 1109 TR 1163 TR Waterford TL Rockingmoor TL Misty ct ATEND on Rt.

SUBDIVISION Pinetisle BLOCK / SECTION LOT 67 LOT AREA 20,000 sq ft SITE CLASS. PS pre 1956 L.T.A.R. .13

Water Supply: ☐ Individual ☑ Community ☐ Public

Septic Tank: 1000 Gallons; STB 358 Acp Date 10-20-93

Pump Tank: Gallons; PT Date

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

No. Lines 5 Trench Width 24" Trench Depth 30" Gravel Depth NA

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

System Description: Gravity PPBPS

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees

☐ Other

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

Garbage Disposal: ☑ Yes ☐ No

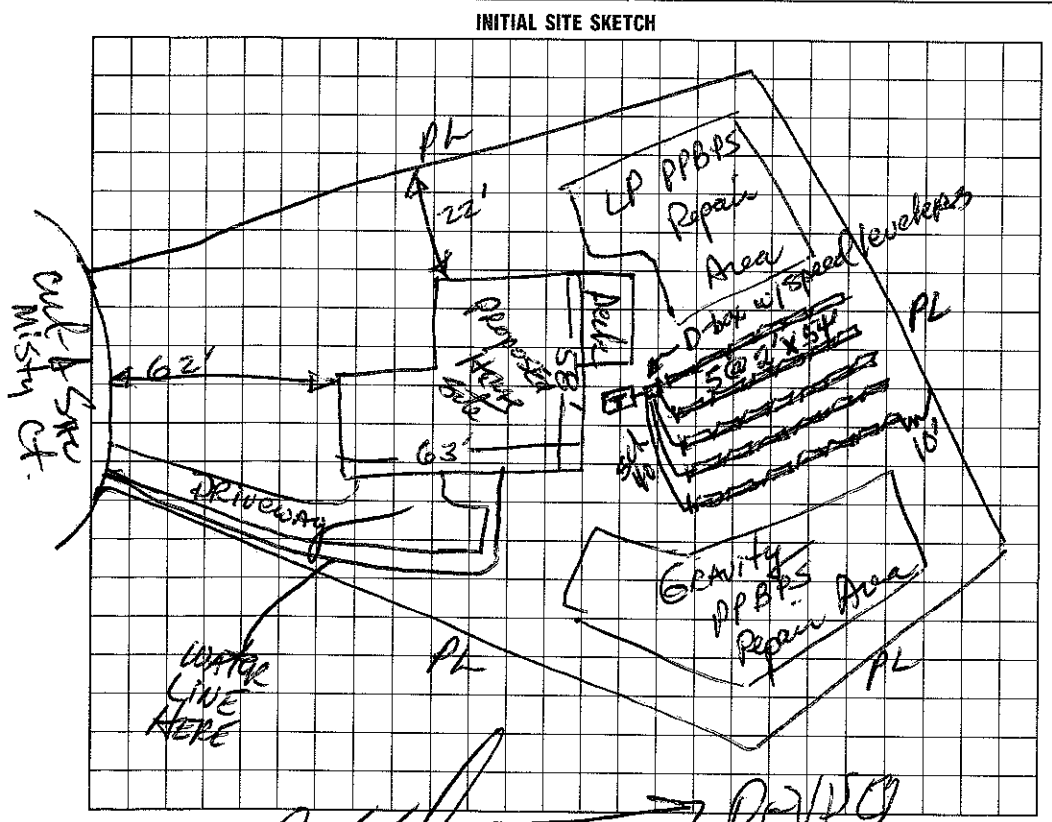
Auto. Dishwasher: ☑ Yes ☐ No

Auto. Washing Machine: ☑ Yes ☐ No

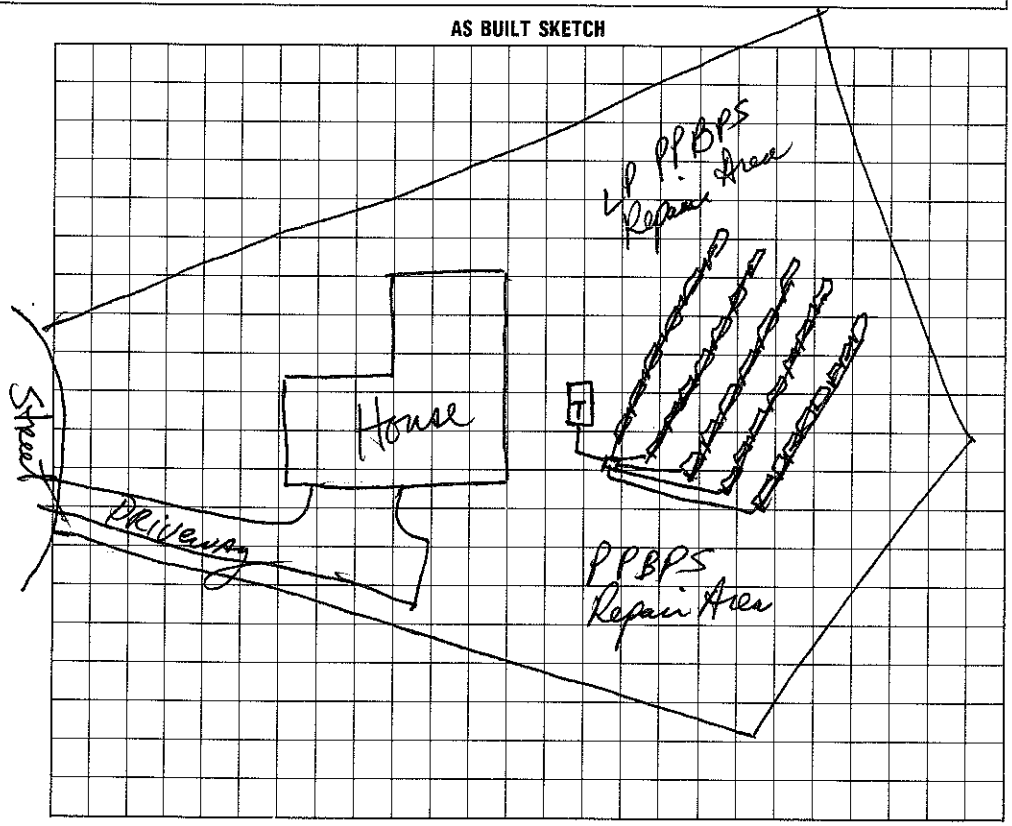
Other

Comments Deck not constructed when septic system completed.

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 8/31/93

Existing System Inspection by: date

Installed by:

Certificate of Completion by: date

Operation Permit by: date 12/2/93

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