4635 29 6549

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. 18380 DATE May 27, 94 TAX MAP NO. 2G23A79 Watershed: ☑ Yes ☐ No CR

OWNER OR CONTRACTOR MI Homes PHONE: Business _____ Home _____

ADDRESS 1043 E. Morehead, Charlotte

LOCATION 1180 TR 1113, TR Waterford TL Lake Pine 2nd lot on left

SUBDIVISION Pine Circle BLOCK / SECTION 2 LOT 79 LOT AREA .533AC SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. = 3

Septic Tank: 1000 Gallons; STB 794 Bellinger Date 6-15-94

Pump Tank: 1000 Gallons; PT 27 Bellinger Date 6-10-94

Pump Make: _____ Model _____ Serial No. 2857127

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

No Lines 3 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: LPPPBPS

Repair System Description: Same

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

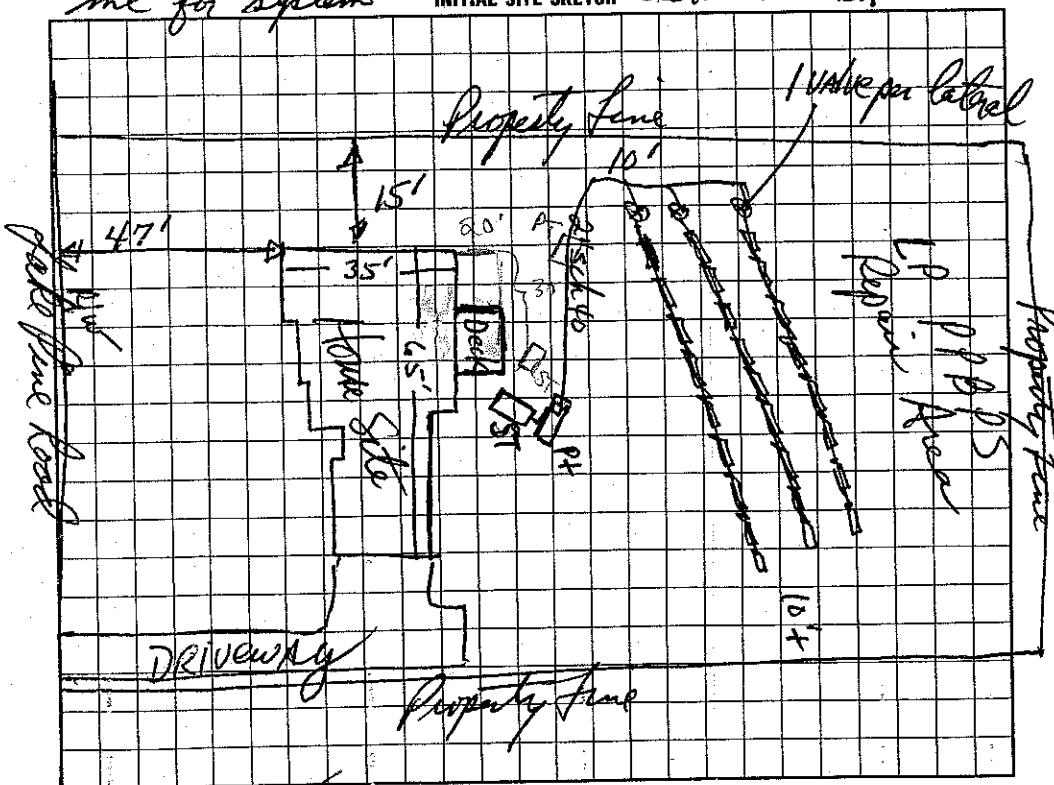
Comments: Site can be reassessed for possible use of conventional drainfield (pumped) once drainfield area has been cleared (ie poison ivy removed). Otherwise install as shown. Installer to contact me for system details. DRH

Comments: Installed as illustrated on I.P.

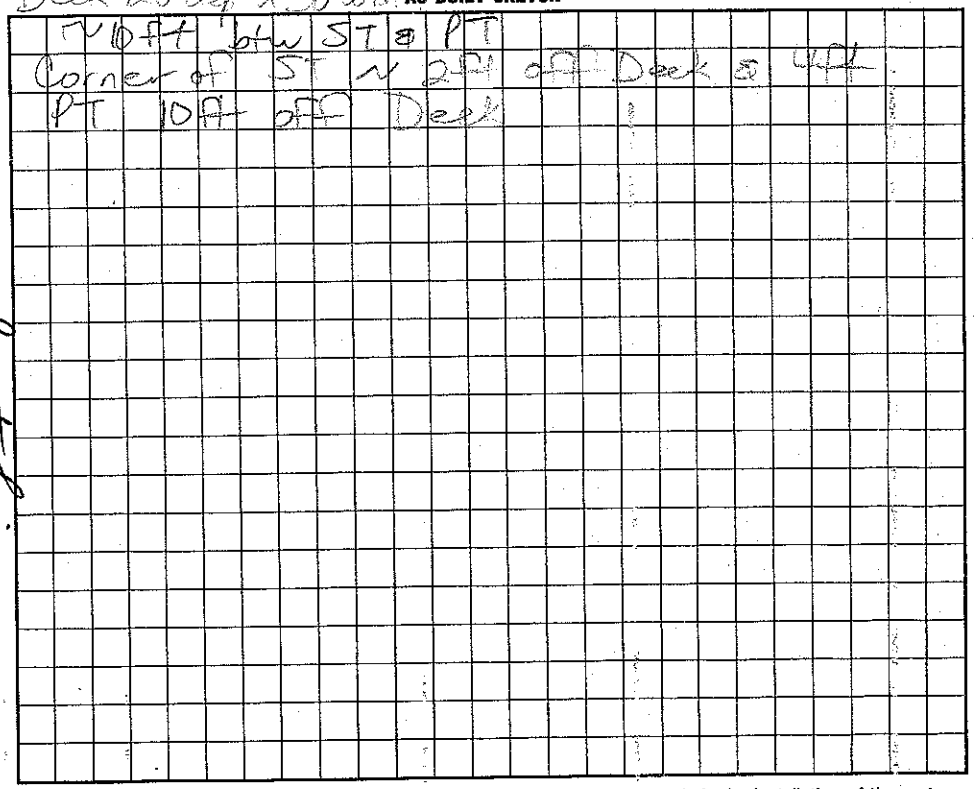
14" to top of ST 35" to top of PT

Deck 20' depth 30' width

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 X

Improvement Permit by: [signature] RS date 5/27/94

Existing System Inspection by: _____ date _____

Installed by: Wayne Osbison

Certificate of Completion by: X Wesley Sparks RS. date 9/23/94

Operation Permit by: _____ date _____

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