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. 18167 DATE May 27, '94 TAX MAP NO. 2G 23A 76 Watershed: ☑ Yes ☐ No LN

OWNER OR CONTRACTOR M I Homes PHONE: Business _____ Home _____

ADDRESS 1043 E. Morehead, Charlotte 4635-29-7208

LOCATION 400 TL 1113 TR Waterford TL Lake Pine Rd. on left

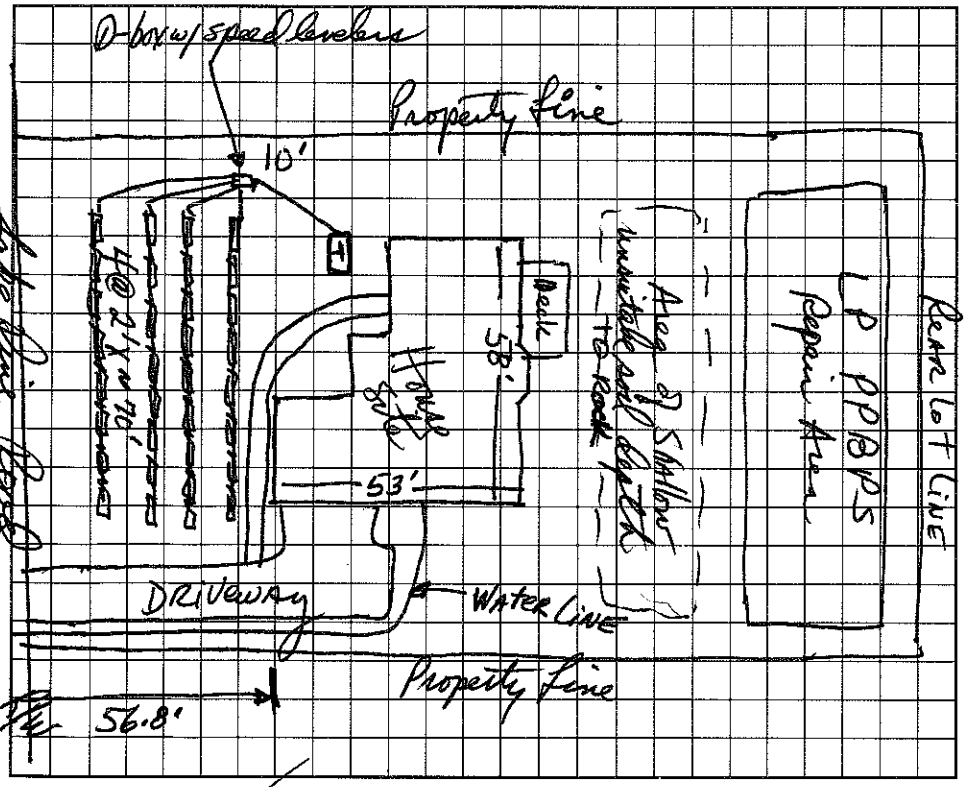
SUBDIVISION Pine Isle BLOCK / SECTION _____ LOT 76 LOT AREA 20,000ft²+ SITE CLASS. PS per R18A DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Kellogger Date 7-2-94	☑ New System ☐ Repair System Type: I, II, III, IV, V, VI	☑ House/Mod. Home	No. Bedrooms 4	Water Supply:
Pump Tank: _____ Gallons; PT _____ Date _____	System Description: gravity PPBPS	☐ Mobile Home	No. Bathrooms 3½	☐ Individual
Pump Make: _____ Model _____ Serial No. _____	Repair System Description: LP PPBPS	☐ Business	No. Employees _____	☑ Community
Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 270	Maintenance Agreement Required: ☐ Yes ☑ No	☐ Other _____		☐ Public
No Lines 4 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth NA	☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing			

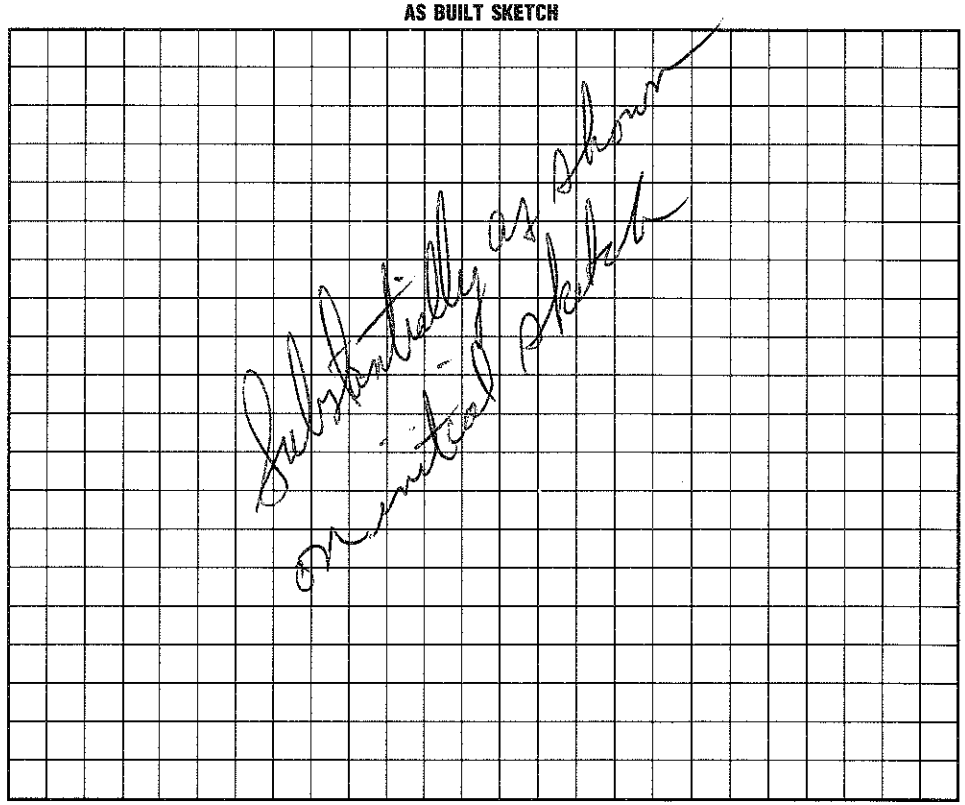
Comments:

Comments:

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: David R. Hinson RS date 5/27/94

Existing System Inspection by: _____ date _____

Installed by: Chonhorse Grading (Ken Painter)

Certificate of Completion by: _____ date _____

Operation Permit by: David R. Hinson RS date 9/7/94

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