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. 21402 DATE 7/6/95 TAX MAP NO. 2G 23 B 33 Watershed: [X] Yes [ ] No

OWNER OR CONTRACTOR ~~Robert Hayes Homes~~ Thomas McCauley PHONE: Business 391-3715 Home

ADDRESS ~~2400 B I-85 Service Rd~~ Charlotte, NC 28208 139 Cove Creek Rd, Mooresville 4636-00-5389

LOCATION TR Cove Creek TL Wynswept TR Wynswept TL North Shore cul de sac on (R)

SUBDIVISION North Shore II BLOCK / SECTION 2 LOT 33 LOT AREA 230 X 137 SITE CLASS. P DESIGN FLOW 480 L.T.A.R. .35

Septic Tank: 1000 Gallons; STB 794 Date 7/26/96

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1371 Linear Feet ~~X~~ 400

No Lines 4 Trench Width 36" Max Trench Bottom Depth 32" Gravel Depth N/A

[X] New System [ ] Repair System Type: I, II, (III) IV, V, VI

System Description: INFILTRATOR-GRAVITY

Repair System Description: PRESSURE PANEL

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 4

[ ] Mobile Home No. Bathrooms 2.5

[ ] Business No. Employees ____

[ ] Other ____

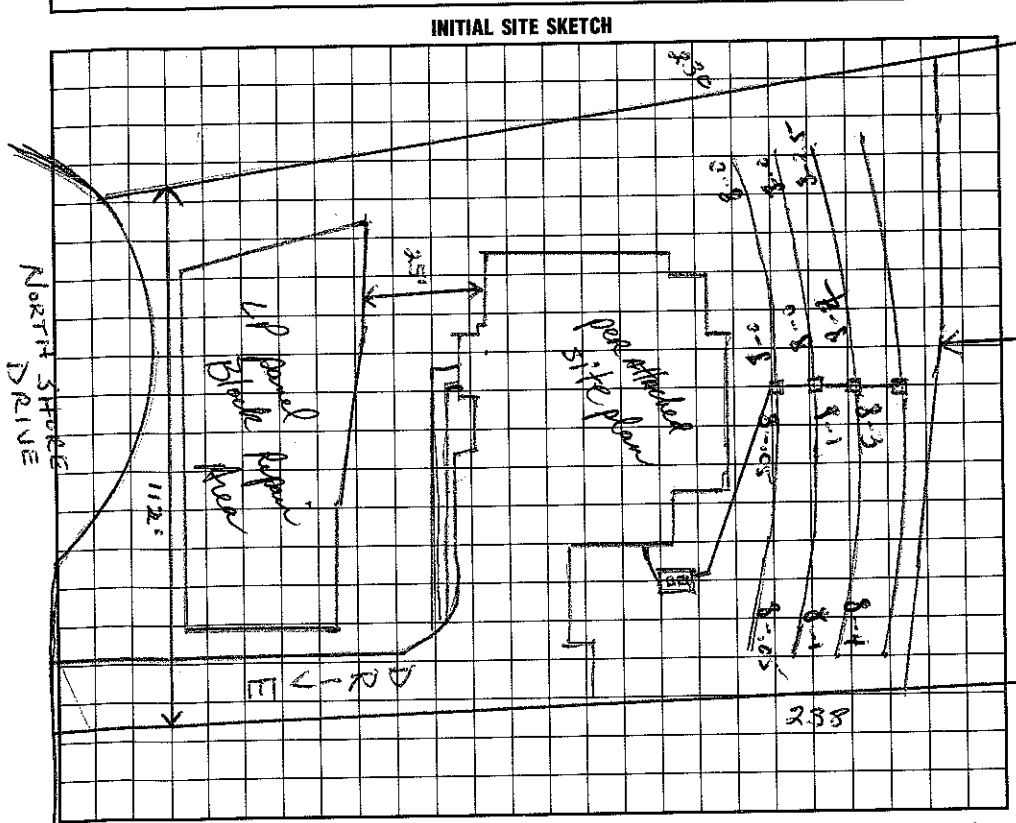
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [ ] Individual [X] Community [ ] Public

Comments: ~~X~~ 25% reduction for infiltrator use

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

The proposed / existing Room Addition addition does not appear to impact the existing septic system.

**NOTE: Enclosing Storage area

Wesley Sparks R.S.

Date: 7/31/96

ICHD-Environmental Health Division

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: Thomas McCauley 2/9/96 7-7-95

Improvement Permit by: Wesley Sparks R.S. date 7/6/95

Existing System Inspection by: ~~Authorization to construct~~ R Hanson R.S. date 2-9-96

Installed by: Tim Timmons

Certificate of Completion by: ____ date ____

Operation Permit by: Wesley Sparks R.S. date 10/7/96

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