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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. 20493 DATE 3-22-95 TAX MAP NO. 26 23 B 27 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Robert Ingram PHONE: Business Home 391-3715

ADDRESS 2900 B I 85 Service Rd Charlotte N.C. 28208

LOCATION Brawley School Rd TL Isle of Pine TR coveCreek TL wynward TR wynsweept TL Northshore 1st on left

SUBDIVISION North Shore BLOCK / SECTION II LOT 27 LOT AREA 1.6 acres SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 24 Dellinger Date 5-17-95

Pump Tank: 1000 Gallons; PT 27 Dellinger Date 6-10-95

Pump Make: ____ Model ____ Serial No. 5585401

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 580

No Lines 4 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

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

System Description: Pump To FNFi

Repair System Description: Pump To PorusBlock Pave

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 2½ No. Employees ____

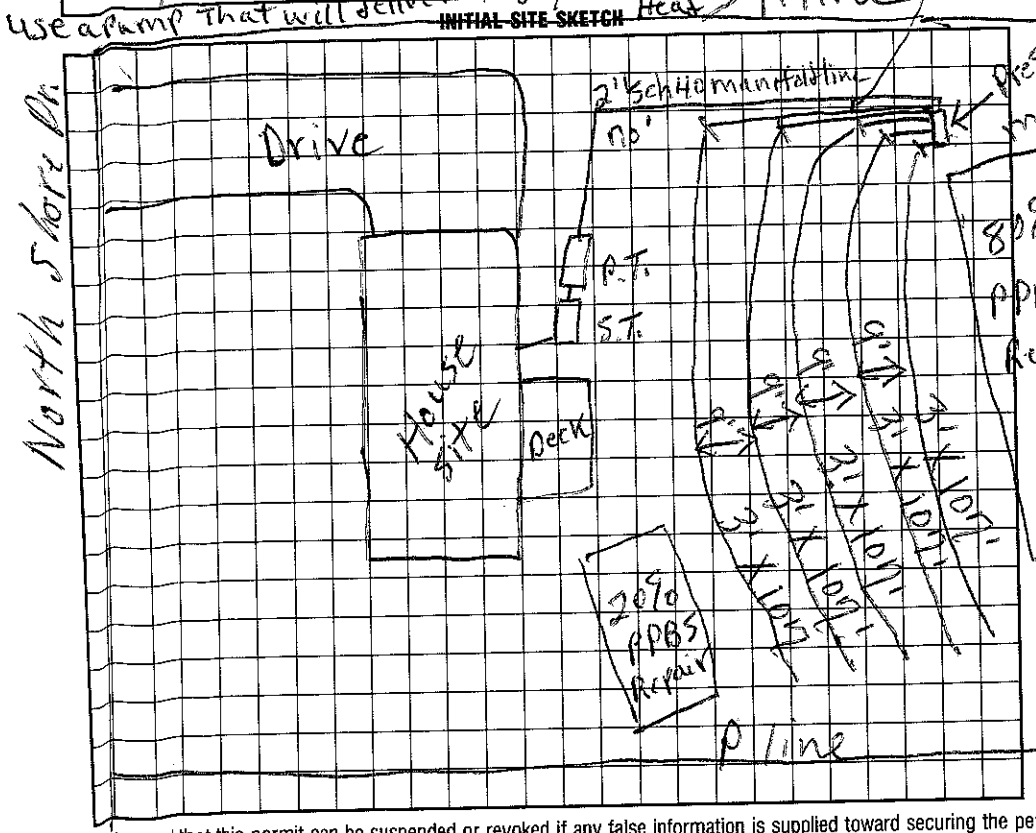
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Community ☐ Public

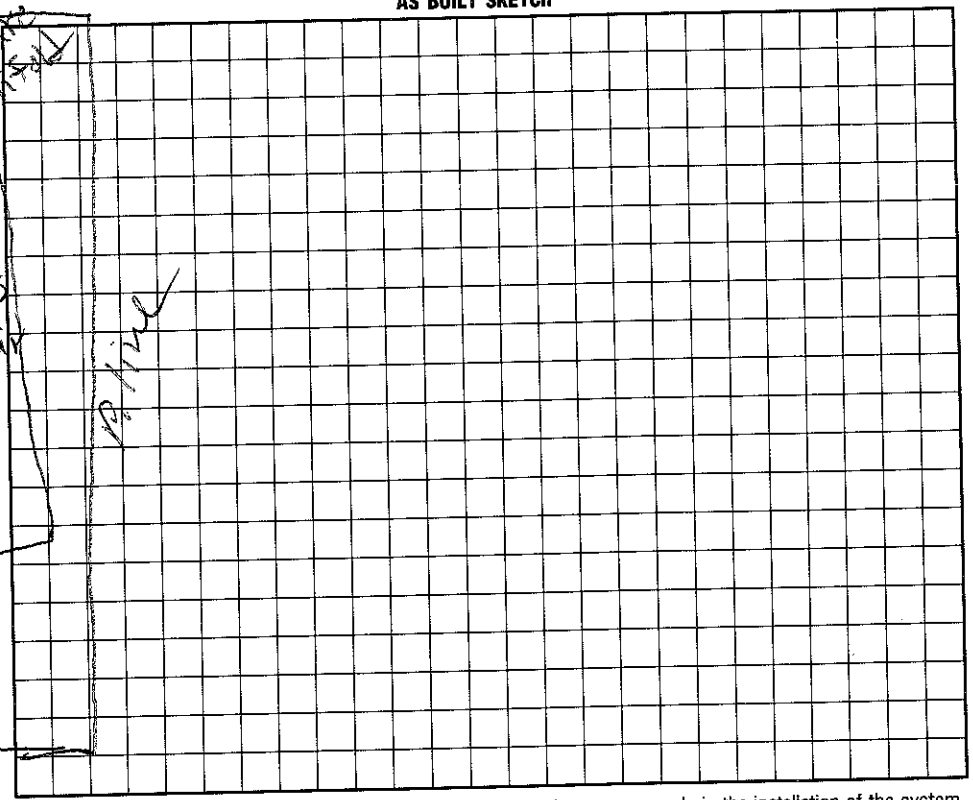
Comments: See Attached Sheets for Pump Tank + manifold set up They are part of this Permit. Use a pump that will deliver 40 gal/min at 20' Heat

Comments: 400' of chamber installed (4@100') Deliver 31' Pipes To Drainlines

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: ____ 3-22-95

Improvement Permit by: R. C. Moore date 3-22-95

Existing System Inspection by: ____ date ____

Installed by: Ken Lawton / Ironhorse

Certificate of Completion by: ____ date ____

Operation Permit by: Laurel B Hanson, RS date 8-10-95

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