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. 22041 DATE 9/21/95 TAX MAP NO. 2G 23 B 17 Watershed: ☒ Yes ☐ No

OWNER OR CONTRACTOR Robert Hargrave Homes PHONE: Business 391-3715 Home

ADDRESS 2900-B I 85 South Rd. 28208

LOCATION end of Wynward Ln. on (R) 4636-00-8095

SUBDIVISION North Shore BLOCK / SECTION II LOT 17 LOT AREA .70 Ac SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 2-19/96

Pump Tank: ______ Gallons; PT ______ Date ______

Pump Make: ______ Model ______ Serial No. ______

Nitrification Field: No Fields 1 Square Feet 1000 Linear Feet * 400

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI

System Description: Grav. Infiltrator

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees

☐ Other

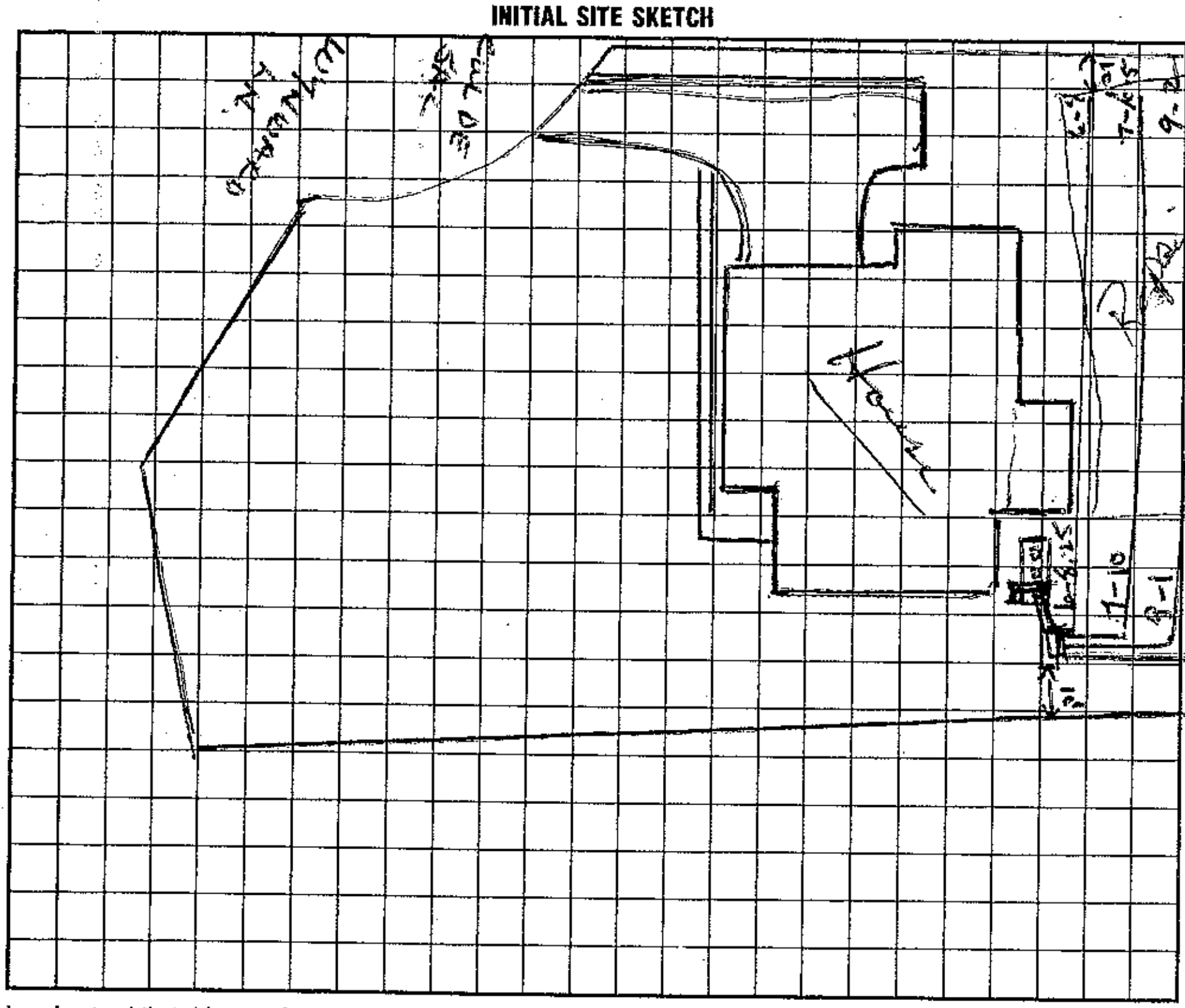
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Community ☐ Public

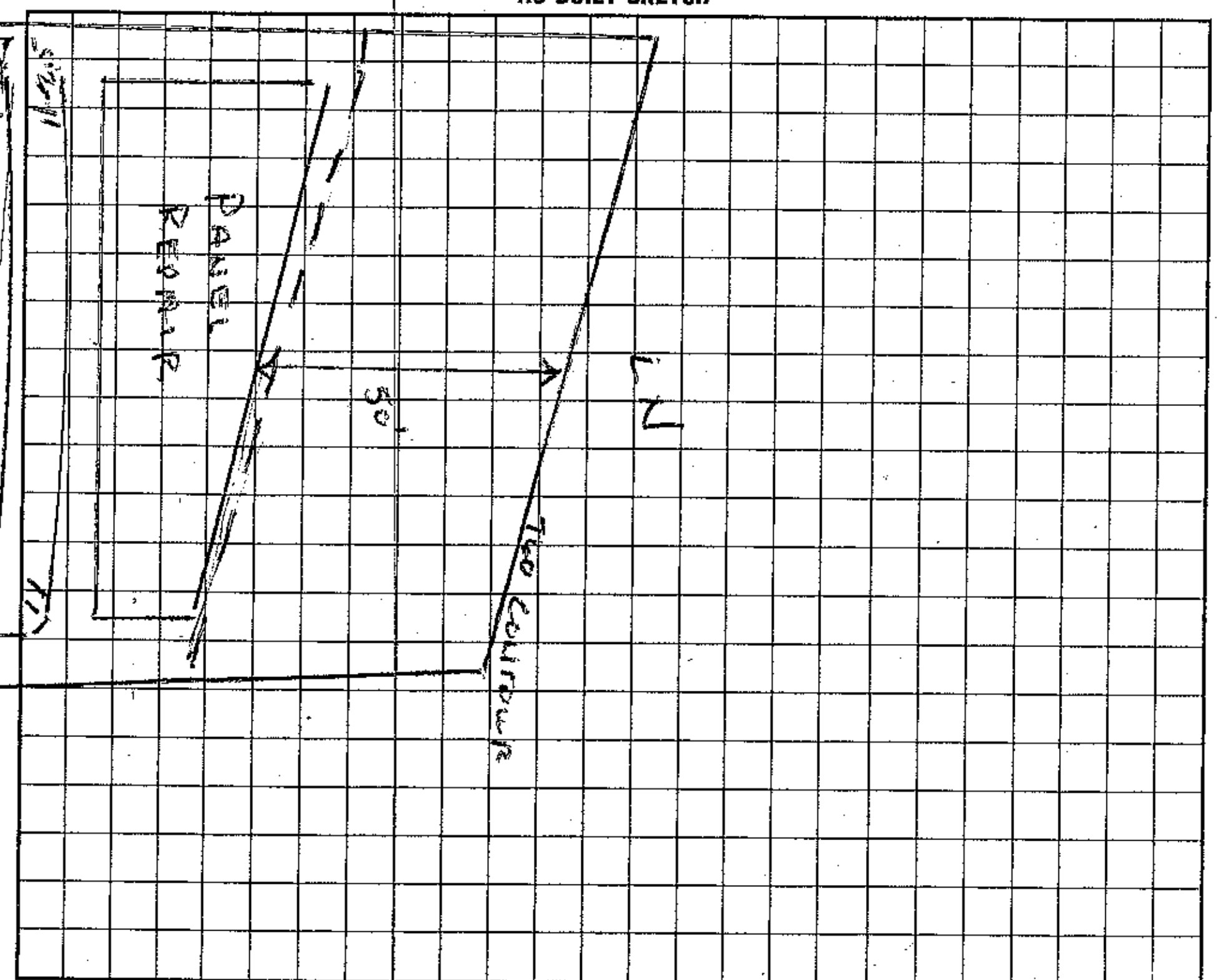
Comments: * 25% for infiltrator use

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.

Signed: X [signature] RHI

Improvement Permit by: X Wesley Sparks R.S. date 9/21/95

Existing System Inspection by: ______ date ______

Installed by: Mason House Grading

Certificate of Completion by: ______ date ______

Operation Permit by: Wesley Sparks R.S. date 4/11/96

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