Site address: 101 Highland Ck Mocksville

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. 22040 DATE 9/21/95 TAX MAP NO. 2G 23 B 18 4636-00-8123 Watershed: ☒ Yes ☐ No

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

ADDRESS 2900 I 85 Service Rd. Charlotte, NC. 28208

LOCATION end of Wynwood Dr. to ℄ of cul de sac

SUBDIVISION North Shore II BLOCK / SECTION ph 1 LOT 18 LOT AREA .70 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 11/16/95

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet * 300

No Lines 4 Trench Width 36" Max Trench Bottom Depth 30" 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 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

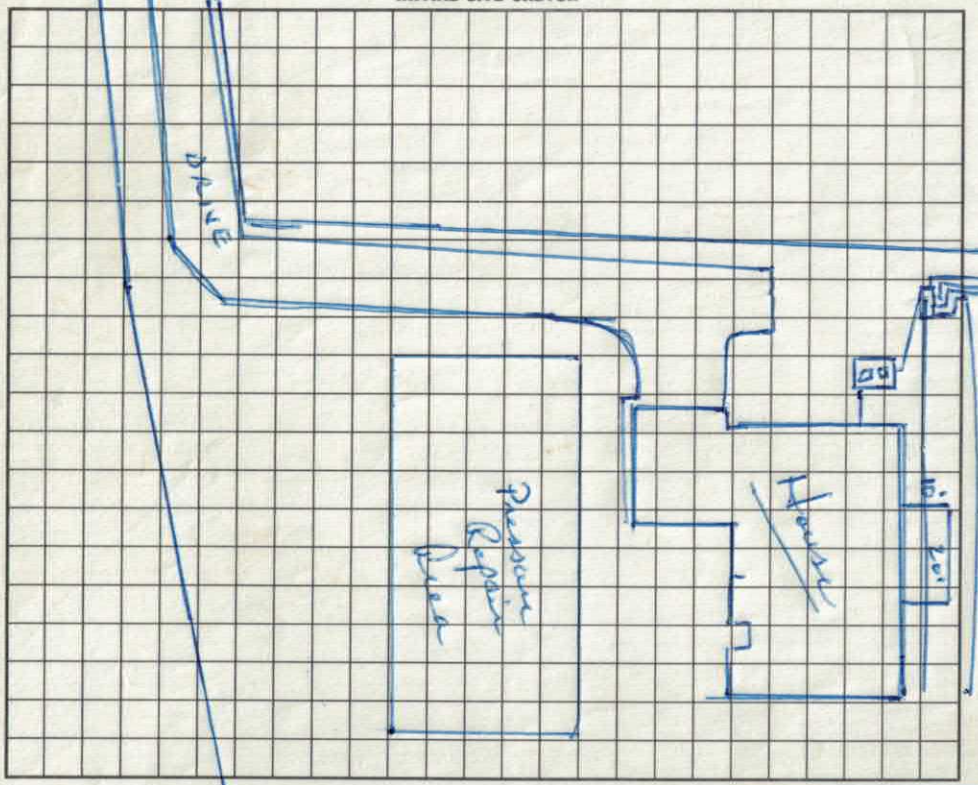
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Community ☐ Public

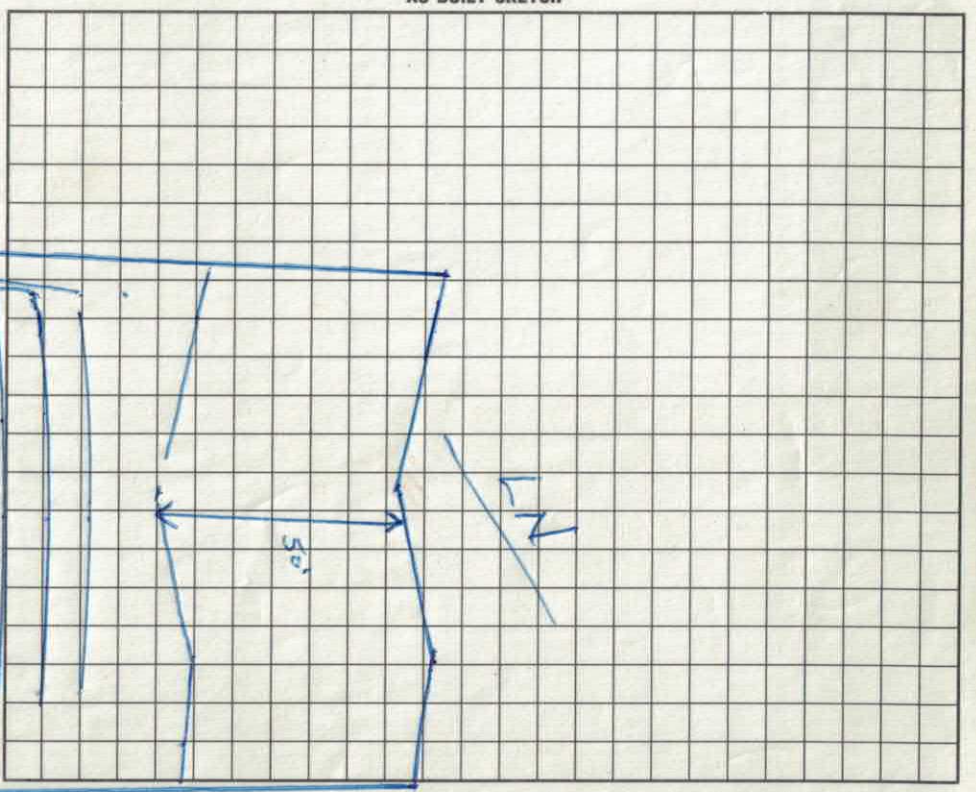
Comments:

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.

Signed: RIHI

Improvement Permit by: Wesley Sparks RS. date 9/21/95

Existing System Inspection by: date

Installed by: Sharon Horse Grading

Certificate of Completion by: Wesley Sparks RS. date 1/22/96

Operation Permit by: Wesley Sparks RS date 1/22/96

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

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

ALL items on this application form must be completed before Health Department can begin work. One application must be completed by the property owner or agent for each (proposed) site.

PERSONAL INFORMATION:

Applicant	Phone #	Mailing Address	City	State	Zip Code
Robert Ingraham Homes, Inc		2900 B. I-85 Service Road	Charlotte	NC	28208 391-3715

Current Property Owner	Mailing Address	City	State	Zip Code
SAME				

PROPERTY INFORMATION:

~~(Proposed)~~ Subdivision Name	~~(Proposed)~~ Lot #	(Proposed) Block/Section #	State Road #
North Shore II Phase 1	18		

~~(Proposed)~~ Water Supply: Public, ~~Private~~ Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #
		26-23-13-18

Specific Directions to Property _____

TYPE OF FACILITY: (use check (X) or number as appropriate)

House X Mobile Home _____ Commercial _____ No. Bedrooms 3 No. Baths 2

No. Persons or Employees (commercial only) _____ Basement X Basement with Plumbing _____

Crawl Space _____ Concrete Slab _____ Garbage Disposal _____ Jaccuzi or spa _____

COVENANT AND SIGNATURE:

I hereby make application to the Iredell County Health Department for a soils/site evaluation of the property described above. This evaluation is to be conducted for the sole purpose of obtaining a septic system Improvement Permit. I hereby authorize Iredell County Health Department representatives to go onto the above property for purposes of conducting this evaluation. I understand that, by state law, any Improvement Permit issued on the above property may be voided if substantial changes are made to the designated sewage system site. The issuance of an Improvement Permit by the Iredell County Health Department does not relieve me from compliance with all other relevant state/local laws or regulations. As owner or authorized agent, I covenant that the contents of this application are true and represent the maximum facilities intended to be placed on this property to my knowledge to date.

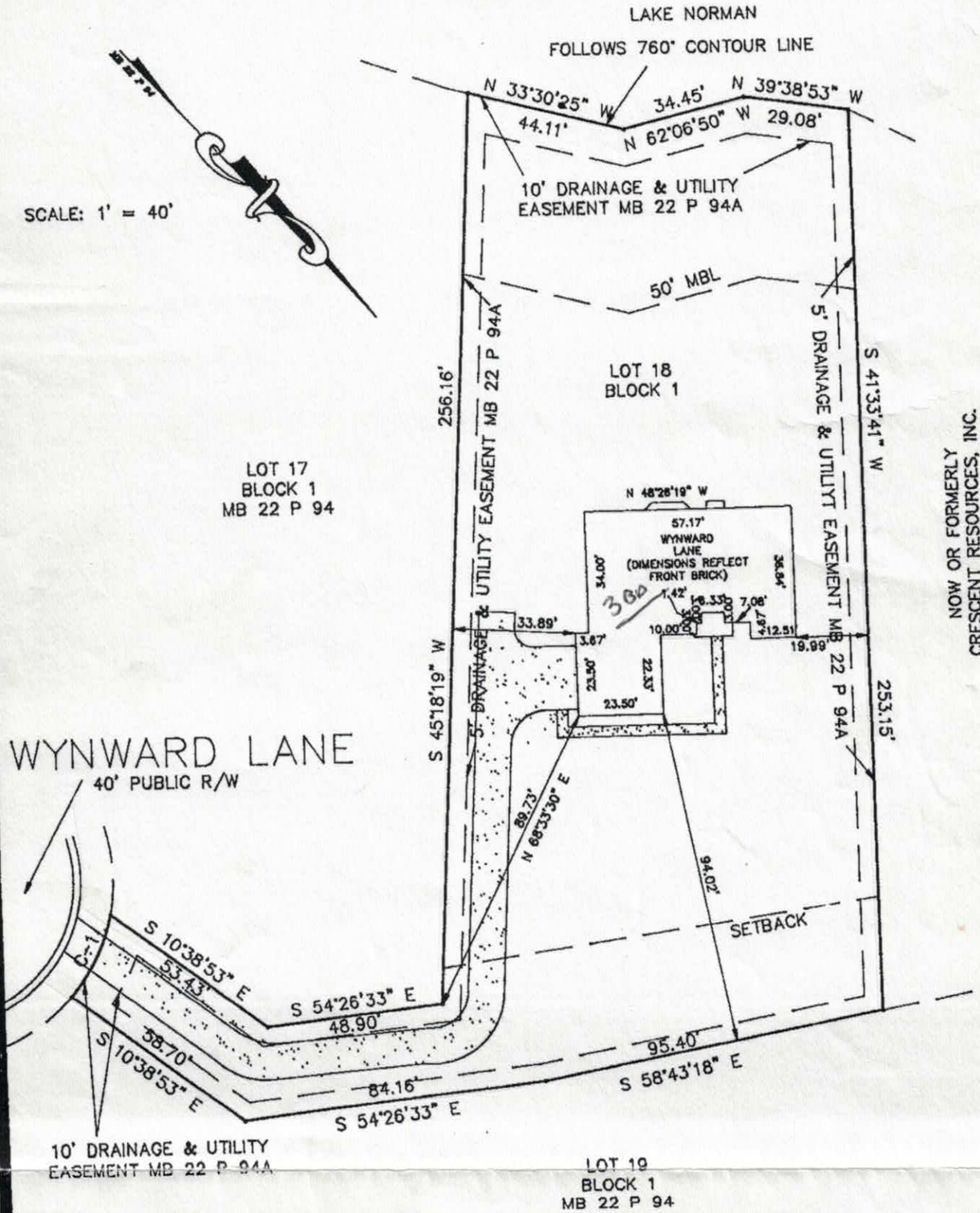
I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

9-2-98 DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

SITE DEVELOPMENT PLAN

PREPARED BY:

DELTA LAND SERVICES, INC.
6033 FLORENCE AVENUE, SUITE 100
CHARLOTTE, NORTH CAROLINA 28212
(704) 536-6190



CURVE	RADIUS	LENGTH	CHORD	BEARING	DELTA
C-1	50.00'	25.73'	25.45'	S 68°32'26" W	29°29'04"

NOT FOR RECORDATION, CONVEYANCES OR SALES

Subdivision NORTH SHORE II PHASE I — County Iredell
Address Wynward Lane — Owner Robert Ingraham Homes
Lot 18 Block 1 Plan Bradley (Left) Side (Right) ___ Elevation A
Patio ___ Deck ___ Fireplace X Garage (1 Car) ___ (2 Car) X Brick Front X Basement X
Crawl ___ Slab ___ Fully Fenced Rear Yard ___ Other ___

REVISED: Moved 5.0' to the right — DWN: AJB CKD: HAD DATE: 9/14/95