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. 14780 DATE Dec 9, '94 TAX MAP NO. 2623B30 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Robert Clingenhamm Homey PHONE: Business 391-3715 ~~Home~~ 4636-00-8481 WS IV

ADDRESS 2900 B I85 S. Sedbrie Rd. Charlotte N.C.

LOCATION 1100 TL 1113 TR Cove Creek Rd TL Wynswept TR Wynwood TL North Shore Dr. AT END

SUBDIVISION North Shore BLOCK / SECTION II LOT 30 LOT AREA 20,000 ft² SITE CLASS. PS per 1952 DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Bellinger Date 11-7-95

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 200

No Lines 3-4 Trench Width 24" Max Trench Bottom Depth 30" Gravel Depth _____

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

System Description: gravity PPBPS

Repair System Description: gravity PPBPS/Elevated

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2½

☐ Business No. Employees _____

☐ Other _____

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

Water Supply: ☐ Individual ☑ Community ☐ Public

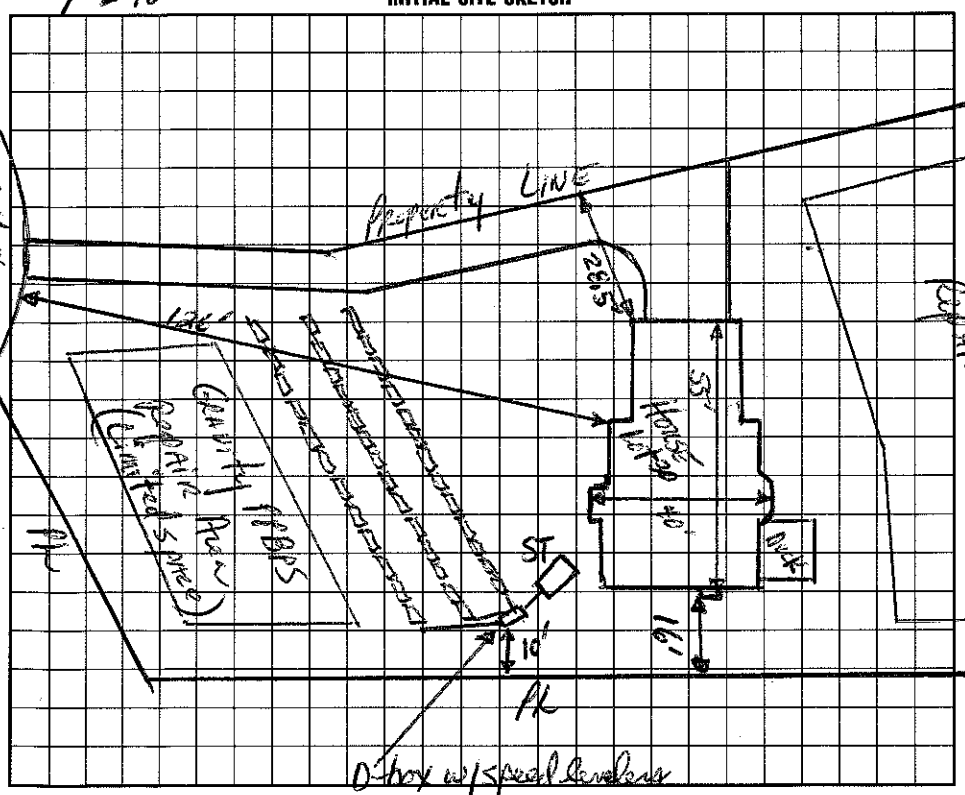
Comments: Follow contour w/ laterals & maintain specified trench bottom depth

House site graded prior to arrival for I.P. issuance

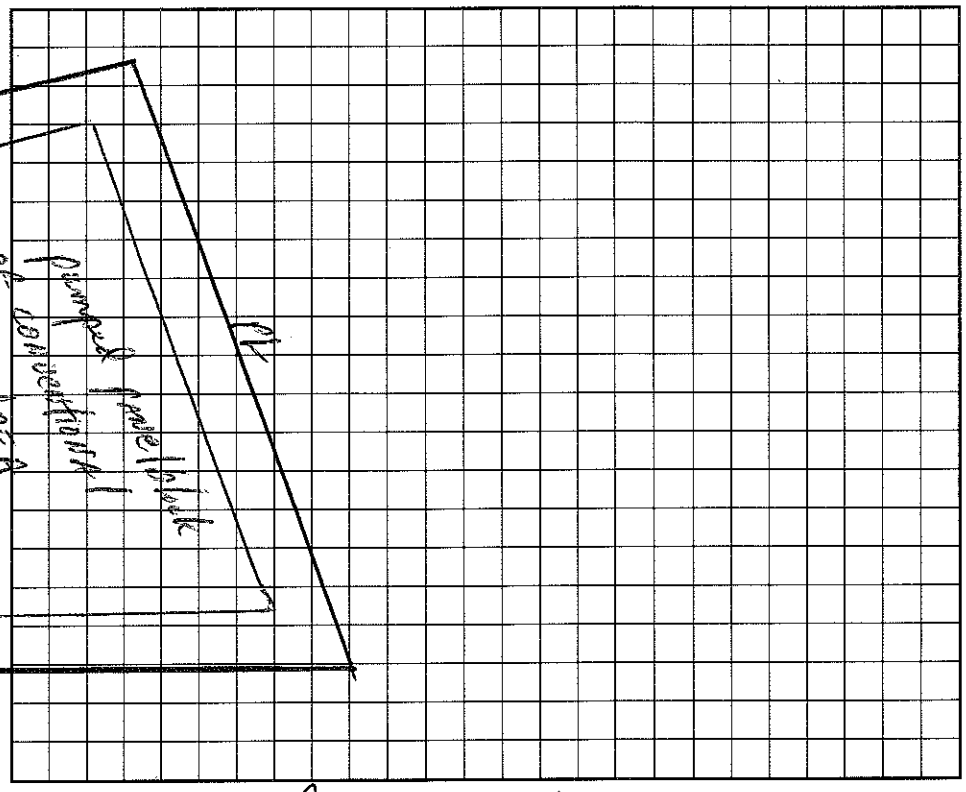
Comments: Installed satisfactorily as shown

1" = 40'

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: _____ 12-9-94

Improvement Permit by: _____ date 12/9/94

Existing System Inspection by: _____ date _____

Installed by: Ken Painter / Clarence Hankins

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date 4/6/95

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