IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTI

PROPERTY DESCRIPTION NO. 19568 DATE Oct. 20, '94 TAX MAP NO. 2623B29 4636008551 Watershed: ☐ Yes ☐

OWNER OR CONTRACTOR Robert Ringgaham Homes PHONE: Business _____ Home _____

ADDRESS Charlotte NC

LOCATION 1100 TL 1113 TR Cove Creek Rd TL Wynswept TR Wynward TL North Shore Dr. - at end on R

SUBDIVISION North Shore BLOCK / SECTION II LOT 29 LOT AREA .68 AC SITE CLASS. PS DESIGN FLOW 450 gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 774 Dellinger Date 12-10-94

Pump Tank: 1000 Gallons; PT 27 Dellinger Date 12-14-94

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1620 Linear Feet 540

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: pumped conventional

Repair System Description: same

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms ____

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

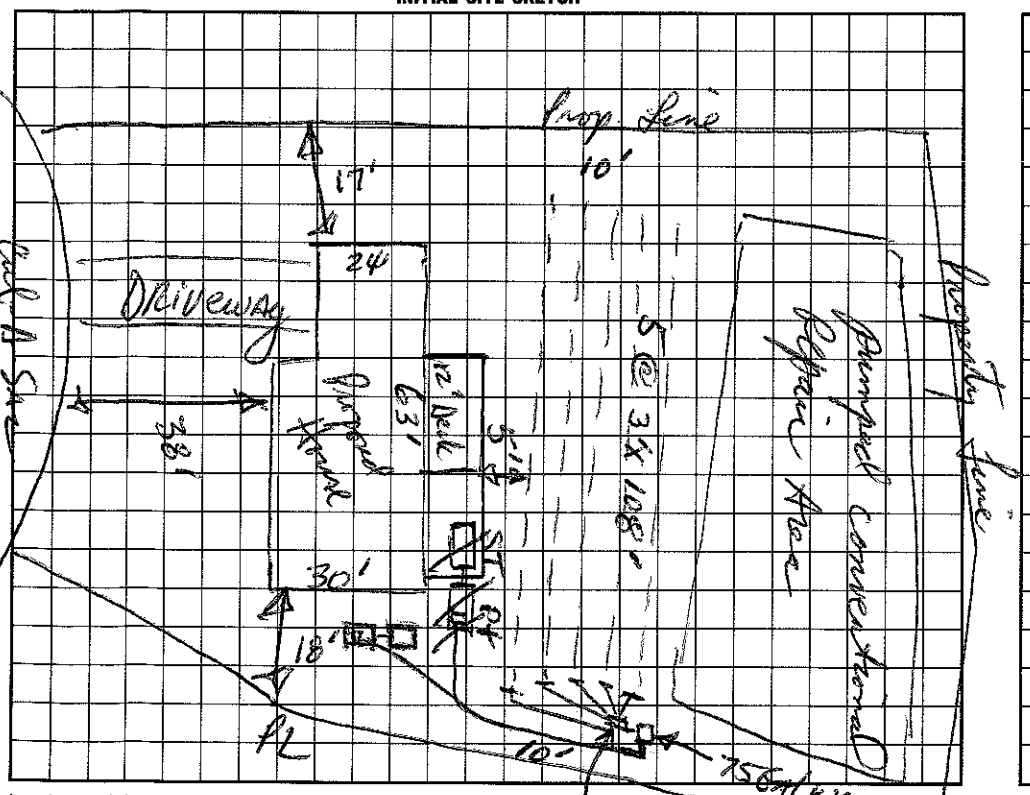
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☐ Community
☐ Public

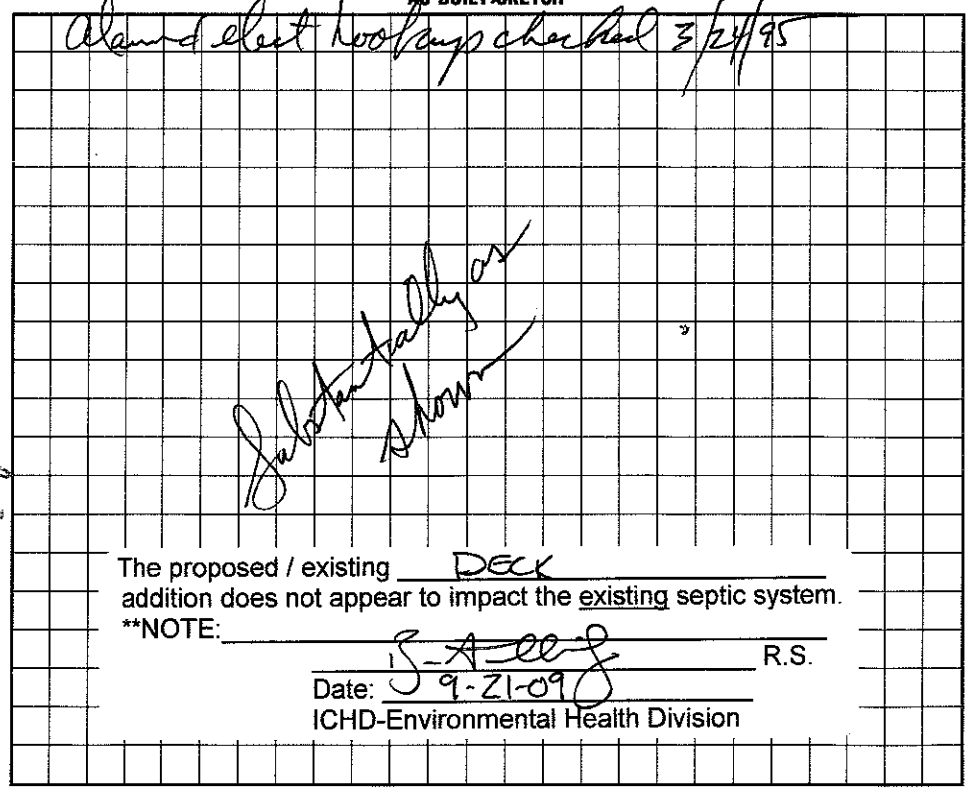
Comments: Laterals to follow contour & pressure manifold can be used in lieu of washer tanks & box. See me for details if desired. DRH

Comments: 3/2/95 Upper 3 laterals sawed from main during installation. System installer directed to dig at ends of upper 3 lines and drain as much water as possible out of system. DRH

INITIAL SITE SKETCH



AS BUILT SKETCH



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

**NOTE: _____

_____ R.S.

Date: 9-21-09

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: _____

Improvement Permit by: _____, RS date 10/20/94

Existing System Inspection by: _____ date _____

Installed by: Ken Painter / Clearlake Grading

Certificate of Completion by: _____ date _____

Operation Permit by: _____, RS date 3/24/95

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