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. 20789 DATE 4-7-95 TAX MAP NO. 2 6-23-13-24 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Robert Ingraham Homes PHONE: Business 391-3715 Home 4636-00-8970 WS4 CA

ADDRESS 2900-B I-85 Service Rd Charlotte, N.C.

LOCATION Brawley School TL Isle of Pine Rd TR Cove Creek Rd TL Wynswept TR Wynward TL North Shore 2nd lot left

SUBDIVISION North Shore BLOCK / SECTION II LOT 24 LOT AREA .52 acres SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 774 Kelly Date 5-12-95

Pump Tank: ____ Gallons; PT 27 Kelly Date 4-19-95

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet ~~300~~ 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: Infiltrator Gravity

Repair System Description: " "

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 2 1/2 No. Employees ____

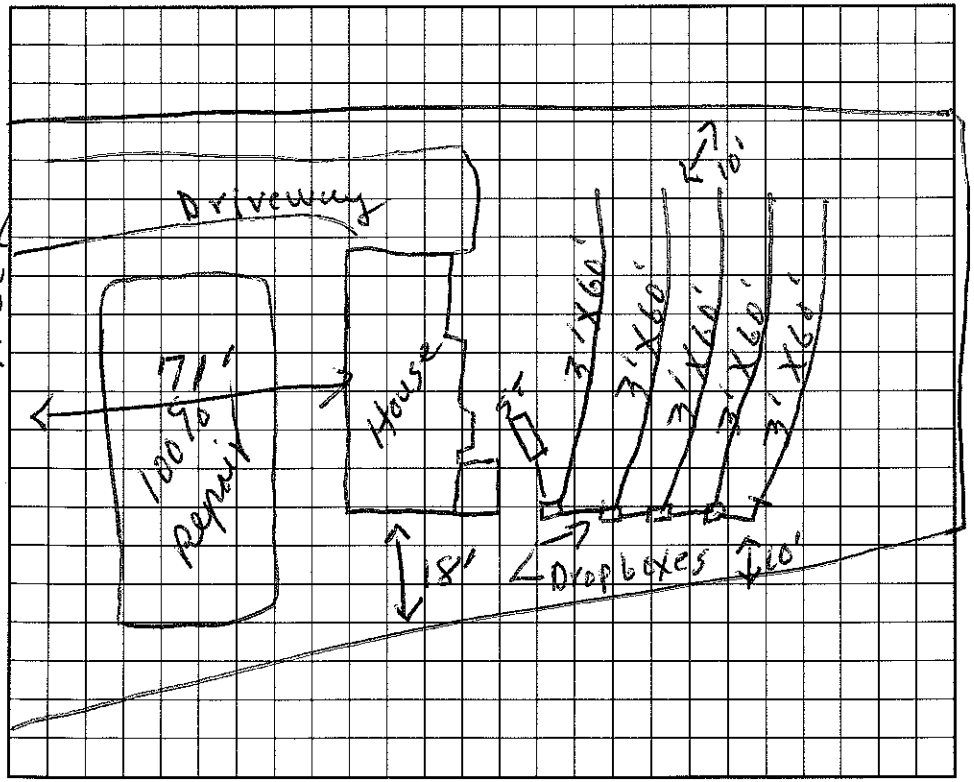
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

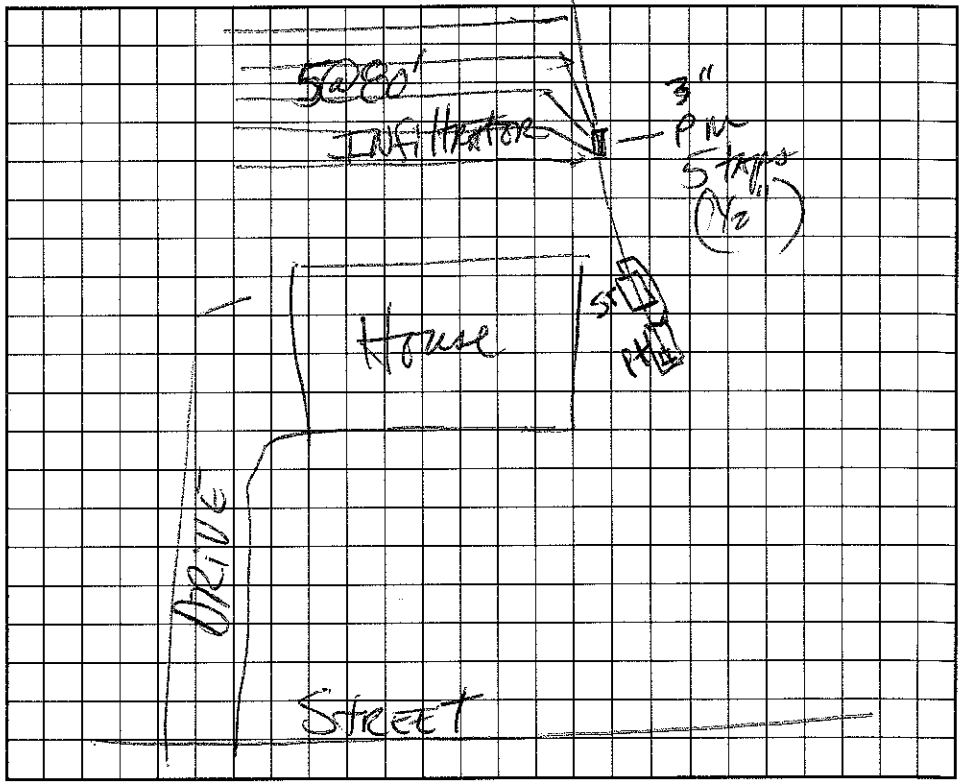
Comments:

Comments: 1-14-95 House site graded/cut 12' on back beginning rear & 1 bedroom. Bonus room, has full bright closets, could ~~is~~ considered a bedroom req. 400 s.f. INF.

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: [signature] 4-7-95

Improvement Permit by: R-C Moore date 4-7-95

Existing System Inspection by: ____ date ____

Installed by: Ken Painter

Certificate of Completion by: [signature] date 8/23/95

Operation Permit by: [signature] date

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