IREDELL COUNTY HEALTH DEPARTMENT

Authorization to Construct

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

IMPROVEMENT PERMIT / ~~CERTIFICATE OF COMPLETION~~ / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 22623 DATE 4/2/96 TAX MAP NO. 2623 B39 Watershed: X Yes ☐ No

OWNER OR CONTRACTOR Robert Ingram Homes PHONE: Business 391-3715 Home 4636-01-6039

ADDRESS 2900 B S I 85 Salisbury Rd. Charlotte NC. 28211

LOCATION 118 North Shore Dr. Mooresville, NC. - BS + L of L Lines TR Cove Creek TL Wynscept, TR ~~N S~~ TL last lot on ®

SUBDIVISION Northshore BLOCK / SECTION II LOT 39 LOT AREA .68 AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 3/9/96

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet ~~400~~ (533)

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36 Gravel Depth 6-10" ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

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

System Description: GRAV - Plastic Chamber

Repair System Description: Pressure Panel

Maintenance Agreement Required: ☐ Yes ☒ No

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

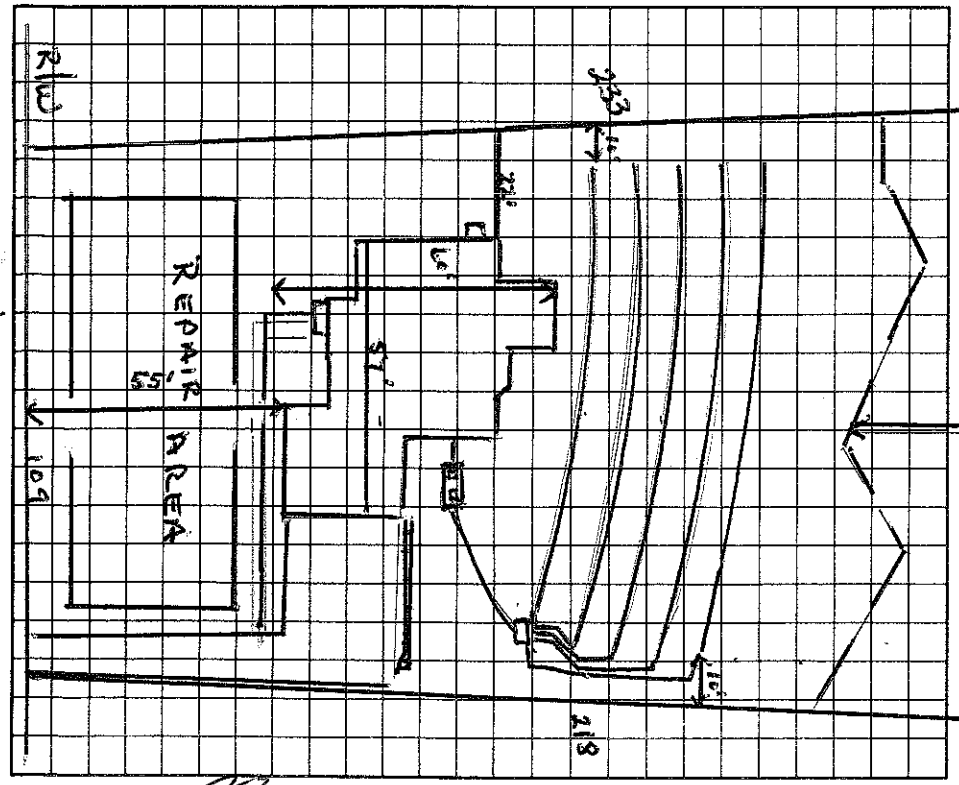
No. Bedrooms 4 No. Bathrooms 2.5 No. Employees _____

Water Supply: ☐ Individual ☒ Community ☐ Public

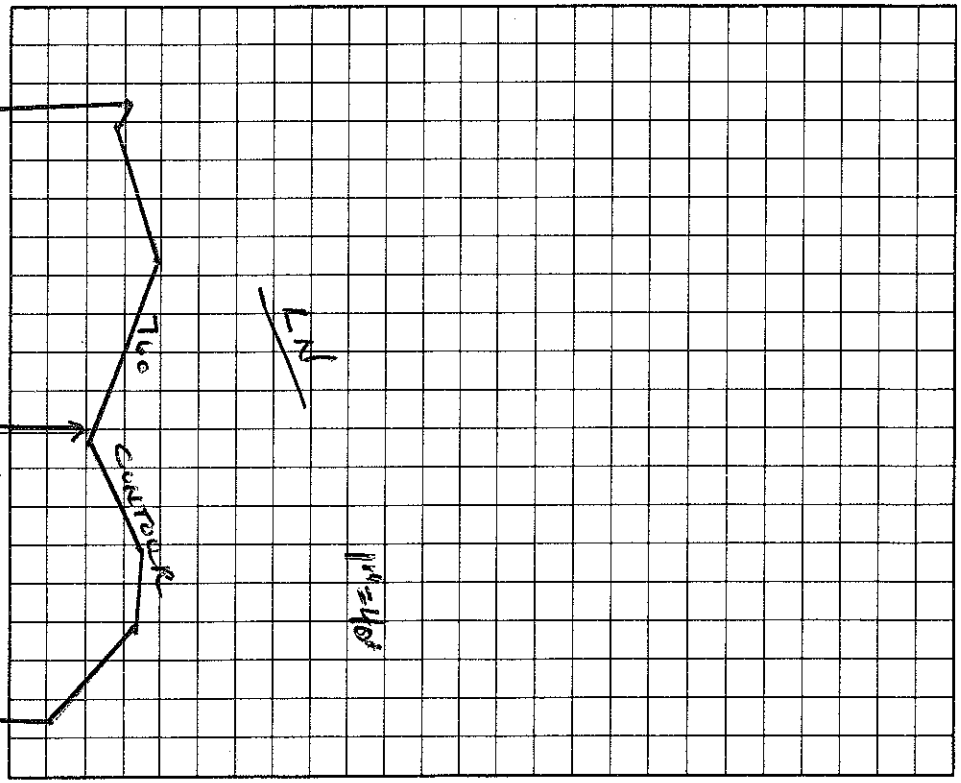
Comments: ~~X~~ Gravity Chambered Plastic - 25% reduction
Sand backfill required to louver tops

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.

Authorization to Construct valid 5 years.

Signed: X _____

Improvement Permit by: Wesley Sparks R.S. date 4/2/96

Authorization to Construct Existing System Inspection by: Wesley Sparks R.S. date 4/2/96

Installed by: Thom Horne

Certificate of Completion by: _____ date _____

Operation Permit by: Wesley Sparks R.S. date 8/21/96

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