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. ~~22685~~ 167290 DATE 4/2/96 TAX MAP NO. 2603 23 B 39 Watershed: [X] Yes [ ] No

OWNER OR CONTRACTOR ~~Robert Jorgensen Homes~~ Mike Mathock PHONE: Business 391-3715 Home 4636-01-6039

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

LOCATION 118 North Shore Dr. Mooresville, NC. - BS + L ~~Pole Lines~~ TR Cove Creek TL Wynscept TR ~~N's~~ TL last lot on cul

SUBDIVISION North Shore 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

[X] 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 [X] No

[X] House/Mod. Home [ ] Mobile Home [ ] Business [ ] Other

No. Bedrooms 4 No. Bathrooms 2.5 No. Employees ____

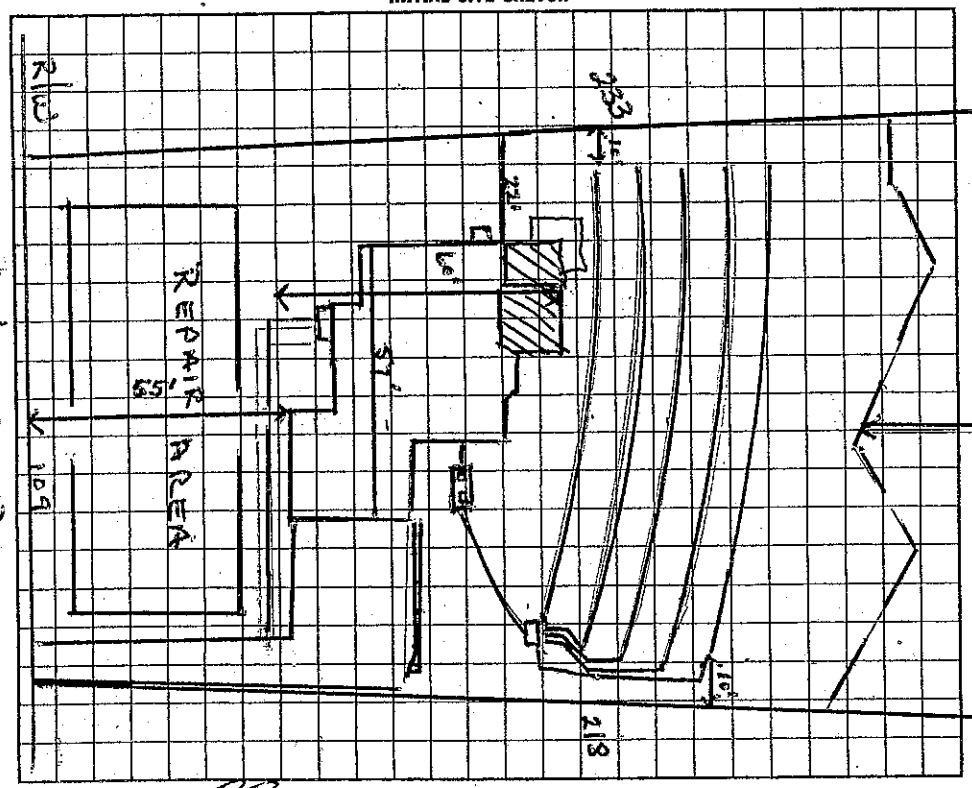
Gravel Depth 6-10" SAND [ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [ ] Individual [X] Community [ ] Public

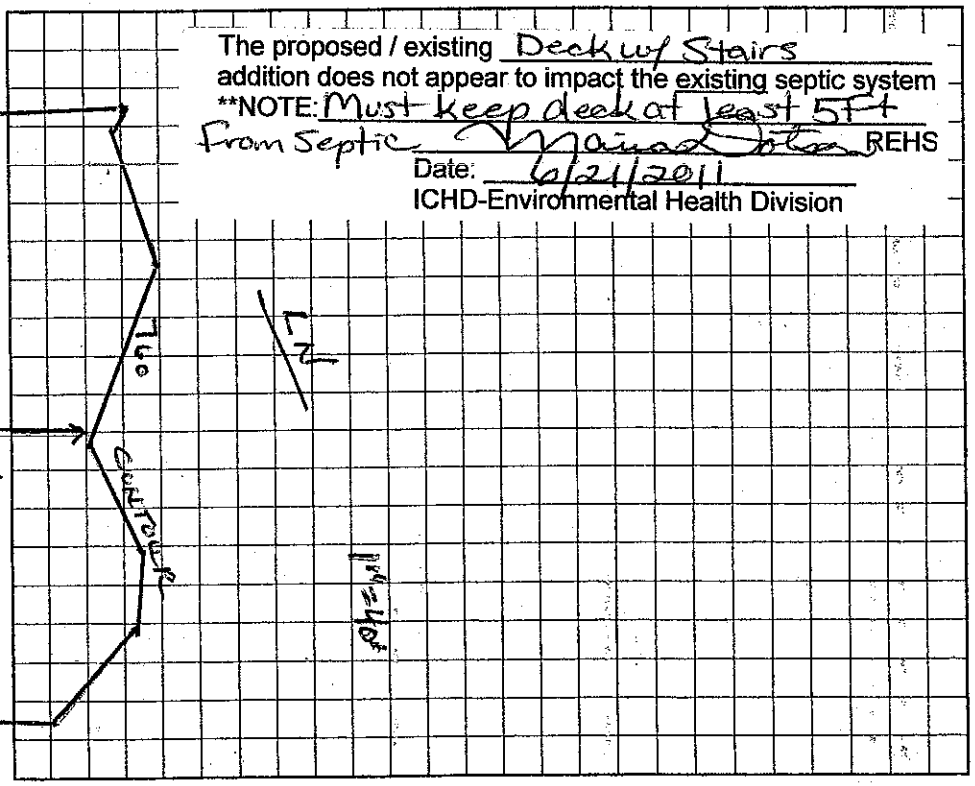
Comments: Gravity Chambered Plastic - 25% reduction
Sand backfill required to lower tops

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 Wesley Sparks R.S. date 4/2/96

Installed by: Iron Horse

Certificate of Completion by: ____ date ____

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

EXISTING SYSTEM INSPECTION BY: ____ date ____

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