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. 2405 DATE Nov. 8, '95 TAX MAP NO. 2G 23 B41 4636 01 8178 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Robert Hugh Graham Homes PHONE: Business _____ Home _____ WS4CA

ADDRESS 2900 B I85 Service Rd. Charlotte

LOCATION Side of Lynes Rd. TR Cane Creek TL Wynnewest TR Wynneward TL North Shore Dr. 2nd Lot on Right

SUBDIVISION North Shore BLOCK / SECTION II LOT 41 LOT AREA .6 Ac SITE CLASS #5 pm 1956 DESIGN FLOW 360 gpd L.T.A.R. 1.3 - .35

Septic Tank: 1000 Gallons; STB 794 Date 2/21/96

Pump Tank: 1000 Gallons; PT 27 Date 1/3/96

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 810 Linear Feet 270

No Lines 3 Trench Width 36" Max Trench Bottom Depth ≈30" Gravel Depth N/A

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

System Description: pumped pwr / LPP Heater

Repair System Description: same as LPP

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees _____

☐ Other _____

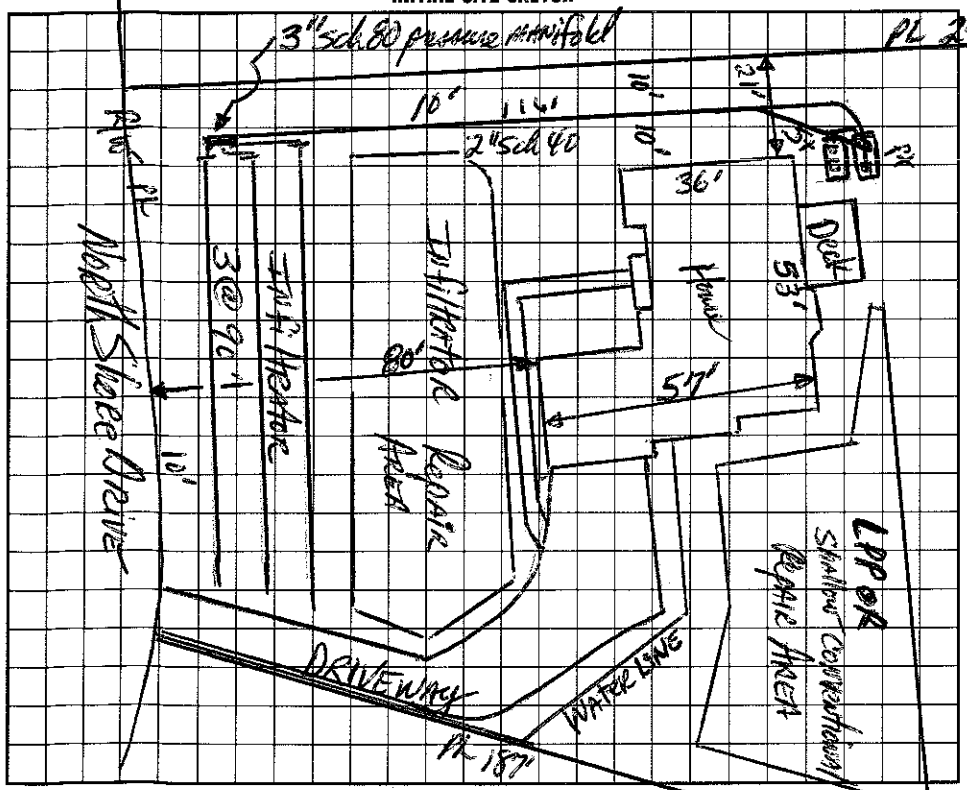
☐ Slab ☑ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Community ☐ Public

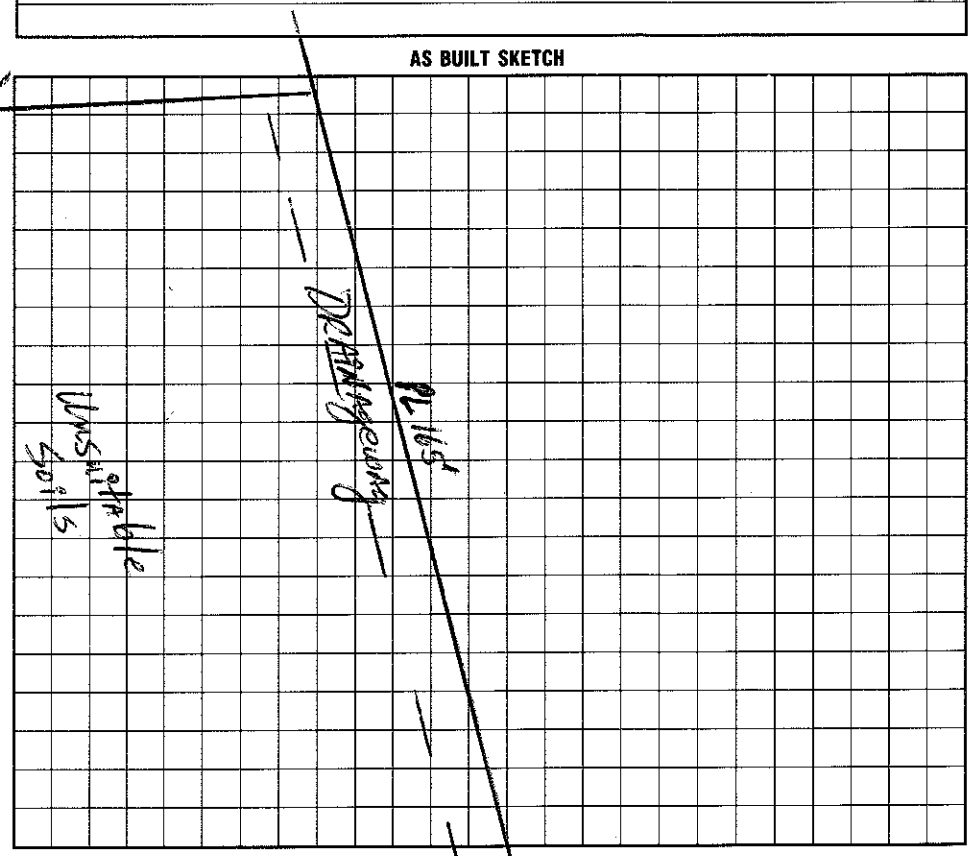
Comments:

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.

Signed: _____ 11-9-95

Improvement Permit by: _____ date 11-8-95

Existing System Inspection by: _____ date 11-8-95

Installed by: Iron Horse Grading

Certificate of Completion by: _____ date _____

Operation Permit by: Wesley Sparks RS. date 4/4/96

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