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. 17588 DATE Dec 14, '93 TAX MAP NO. 2623 B 50 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Robert Clingaman Homes PHONE: Business 391-3715 ~~Home~~ 476-10-1774 L.N.

ADDRESS

LOCATION 1109 TL 1113 TR Cove Creek Rd. TL Wynswept Dr. on Rt. at jct w/ Wynward

SUBDIVISION North Shore BLOCK / SECTION II LOT 50 LOT AREA 111'x237' SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 ✓ Gallons; STB 794 Date 1-6-94

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields Square Feet Linear Feet

No Lines 3 ✓ Trench Width 24" ✓ Max Trench Bottom Depth 36" ✓ Gravel Depth

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

System Description: gravity PPBRS

Repair System Description: pumped conventional

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2½

☐ Business No. Employees

☐ Other

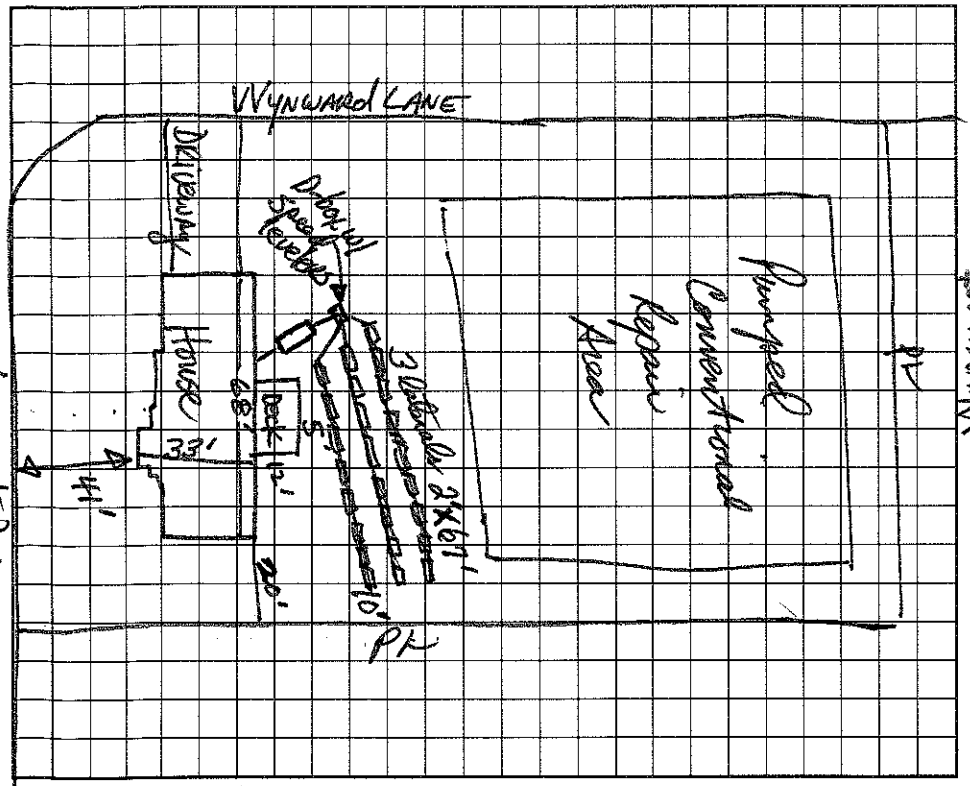
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Community ☐ Public

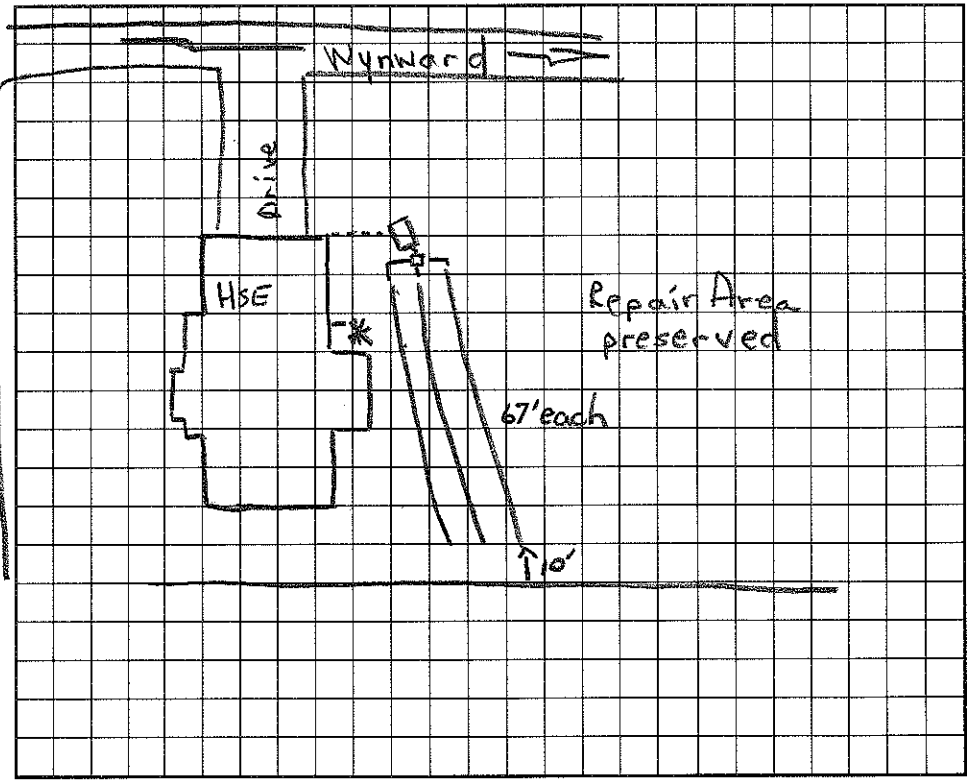
Comments: Plumbing must exit approx. 1 foot above graded Gradat back of house to avoid pumping. Builder has option of installing pump to conventional drainfield.

Comments: Top of tank above grade, "8" to top of sand in ditch. * is stubout, under utility room window, below surface grade. plumbing not connected to tank.

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: X

Improvement Permit by: Frank R. Hinson, RS date 12/14/93

Existing System Inspection by: date

Installed by: Ironhorse Grading

Certificate of Completion by: Andrea Lemon date 8-26-94

Operation Permit by: date

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