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. @ 18826 DATE Aug 10, '94 TAX MAP NO. 2623 B 48 Watershed: ☒ Yes ☐ No

OWNER OR CONTRACTOR Robert Graham Homes PHONE: Business 391 3715 ~~Home~~ 4636-10-1972 LO

ADDRESS 2900 B I85 Serv. Rd, Charlotte

LOCATION Cl of Plines Rd. TR Cove Creek Rd. TL Wynnspt TR Wynnward on Rt

SUBDIVISION North Shore BLOCK / SECTION II LOT 48 LOT AREA 20,500 ft²± SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 994 Dellinger Date 1-18-95

Pump Tank: _____ Gallons; PT 27 Dellinger Date 3-1-94

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: ~~No. Fields~~ 1 Square Feet 1200 Linear Feet 400

~~No Lines~~ 4 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12" 3-31-95

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

System Description: gravity Conventional

Repair System Description: pumped conv. INF

Maintenance Agreement Required: ☐ Yes ☐ No LPPPBPS

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2½

☐ Business No. Employees _____

☐ Other _____

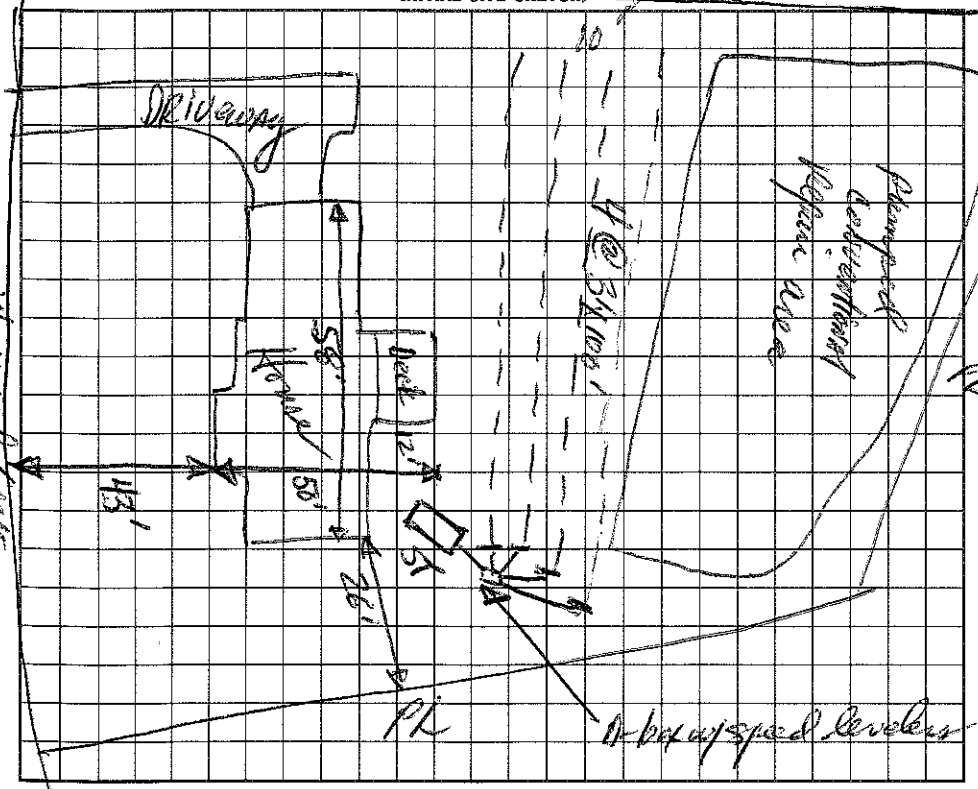
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Community ☐ Public

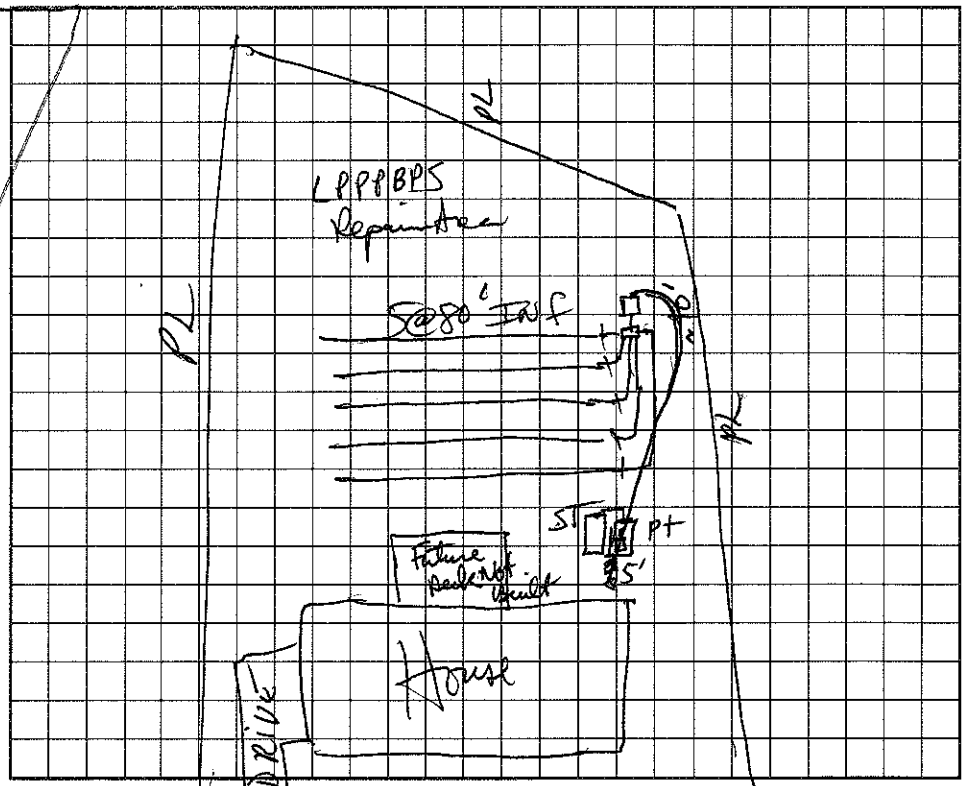
Comments: Exist plumbing at or slightly above existing grade - Do NOT build house until plumbing does not exit at a level to accomodate specified trench bottom depth, a pump will be required.

Comments: House site graded and lowered. Pump tank set and 40 lf Infiltrator installed (although only 300 required -).

INITIAL SITE SKETCH Prop. Fence



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: David R. Hinson, RS date 8/10/94

Existing System Inspection by: _____ date _____

Installed by: Ken Painter

Certificate of Completion by: _____ date _____

Operation Permit by: David R. Hinson, RS date 4/26/95

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