# 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. 22827 DATE 1/3/96 TAX MAP NO. 2G 23 B 9 Watershed: X Yes ☐ No

OWNER OR CONTRACTOR Robert Ingram Homes Jim Griffin ~~PHONE: Business~~ 4636-10-3229 Home

ADDRESS 2900 I-85 Service Rd., Chas. NC. 28208

LOCATION Lake Pines TR Cove Creek TL Wynnsuppt. TL Wynnsuppt. 3rd on (L)

SUBDIVISION North Shore BLOCK / SECTION II LOT 9 LOT AREA 37,118 SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 714 Date 2/22/96

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet ~~300~~

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 6" SAND

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

System Description: Presby shallow fraction

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes X No

X House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

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

Water Supply: ☐ Individual X Community ☐ Public

Comments: X 25% reduction for shallow fraction

Comments:

ICHD-Environmental Health Division

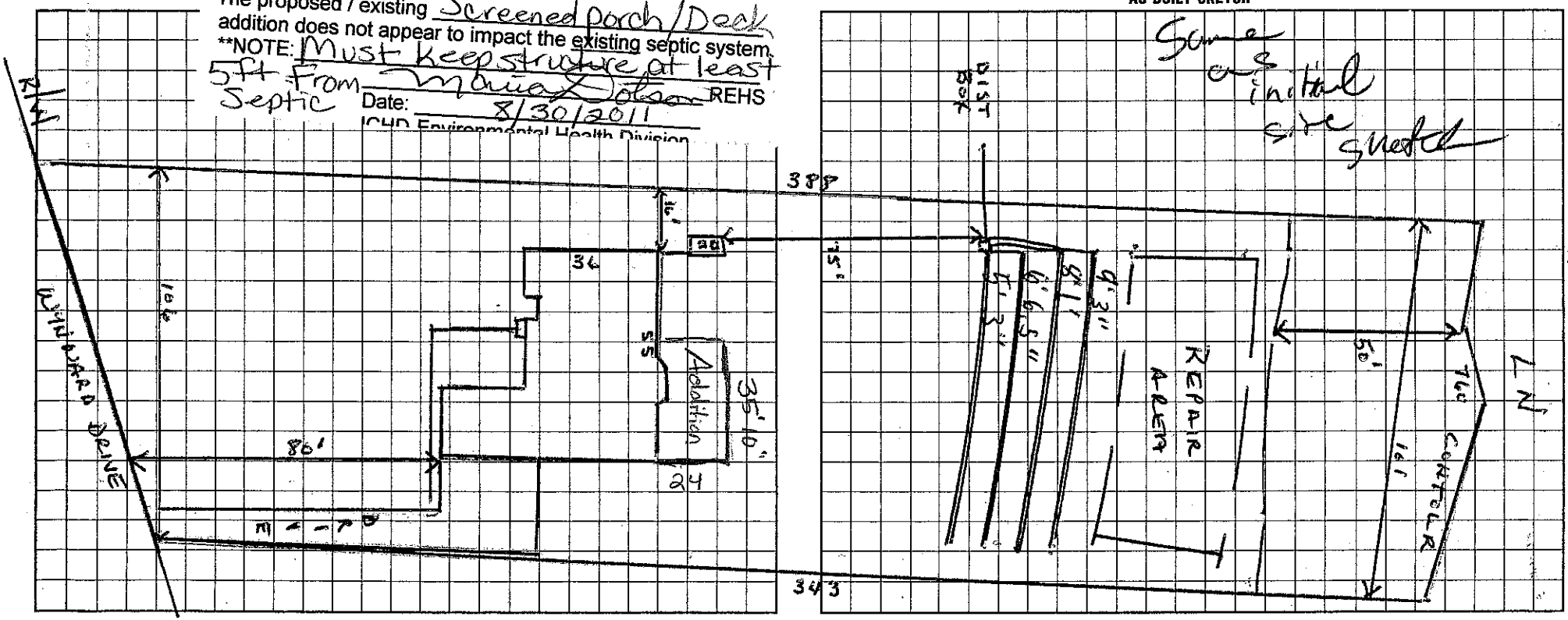
The proposed / existing Screened porch/Deck addition does not appear to impact the existing septic system.

**NOTE: Must keep structure at least 5ft from Septic

Date: 8/30/2011 REHS

ICHD Environmental Health Division

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: _____

Improvement Permit by: Wesley Sparks RS. date 1/3/96

~~Certificate of Completion by:~~ Existing System Inspection by: Wesley Sparks RS. date 1/3/96

Installed by: Ironhorse

Certificate of Completion by: C Boyd Teem date 3/25/96

Operation Permit by: C Boyd Teem date 3/25/96

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