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. 21104 DATE Nov. 8, '95
OWNER OR CONTRACTOR Robert Ingraham Homes TAX MAP NO. 2623B8
ADDRESS 2900-B I-85 Service Rd. Charlotte NC PHONE: Business 391-3715 Home
LOCATION Isle of Pines TL Cove Creek TL Wynswept TL Wynward on left 4636-10-3400 Watershed: ☑ Yes ☐ No WS4CA
SUBDIVISION North Shore BLOCK / SECTION II LOT 8 LOT AREA ~28,000 ft² SITE CLASS. PS per 1996 DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 744 Date 11/18/96
Pump Tank: ______ Gallons; PT ______ Date ______
Pump Make: ______ Model ______ Serial No. ______
Nitrification Field: No Fields 2 Square Feet 1200 Linear Feet 400
No Lines 3+3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: gravity INFILTRATOR
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☑ No

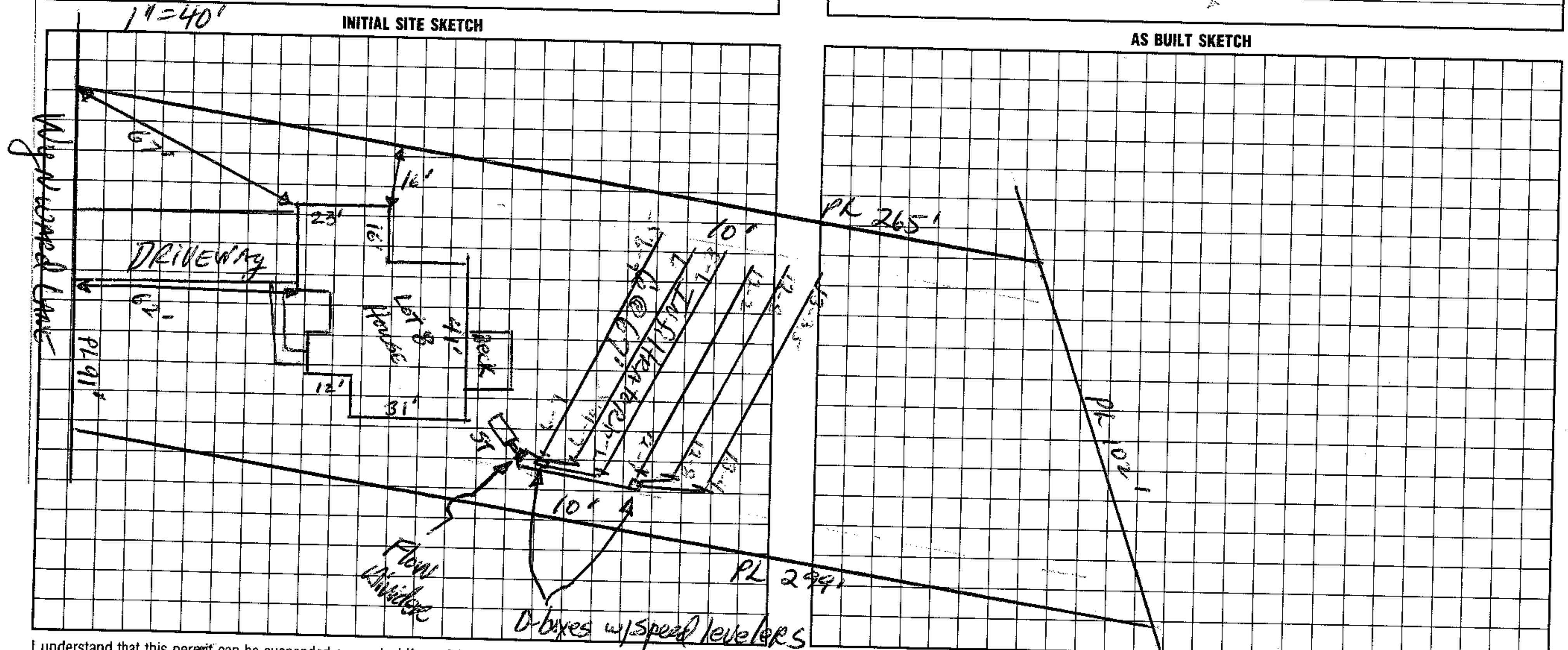
☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Bathrooms 2½ No. Employees ______
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

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: [signature] 11-9-95
Improvement Permit by: [signature], RS date
~~Authorization~~ ~~Existing System Inspection by:~~ To Construct [signature], RS date 11-8-95

Installed by: [signature] Grading
Certificate of Completion by: ______ date ______
Operation Permit by: Wesley Sparks RS date 3/12/96

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