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. 6667 DATE Nov. 10, '93 TAX MAP NO. part of 2F-B-10 Watershed: ☑ Yes ☐ No L.V.

OWNER OR CONTRACTOR Robert Ingraham Homes PHONE: Business _____ Home 4636-10-6606

ADDRESS _____

LOCATION 1100 TL1113 TR Cove Creek Rd. TR High Sail Ct on Right

SUBDIVISION North Shore BLOCK / SECTION 1 LOT 4 LOT AREA ±29,000 ft² SITE CLASS. RS DESIGN FLOW 480 gpd L.T.A.R. .13

Septic Tank: 1000 Gallons; STB 714 Dellinger Date 8-9-93

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ____ Square Feet _____ Linear Feet _____

No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: gravity Conventional

Repair System Description: pumped conv. or PPBPS

Maintenance Agreement Required: ☐ Yes ☑ No

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

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

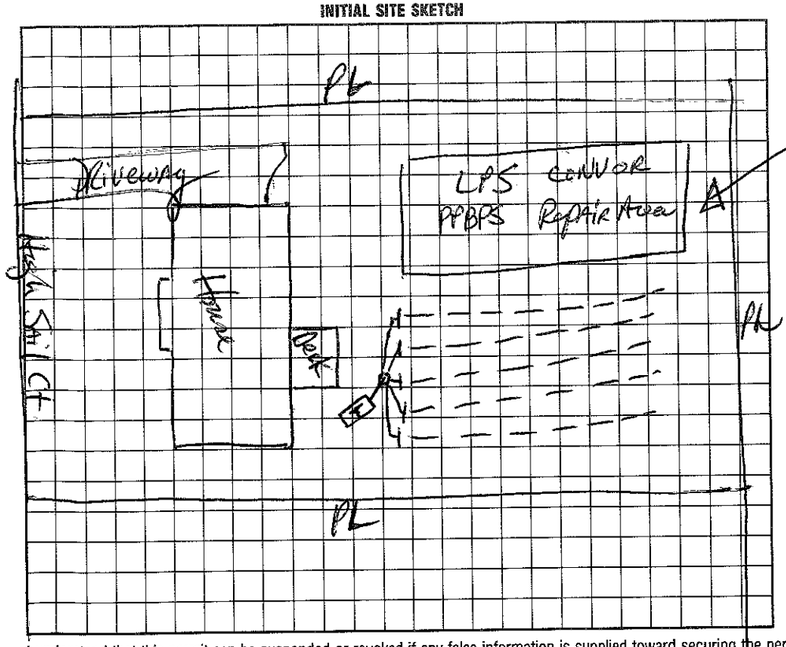
☐ Other _____

Water Supply:
☐ Individual
☑ Community
☐ Public

Comments:

Comments: Plumbing raised because it was not stubbed out above shown on I.P. This was necessary to install laterals no deeper than Approx 36" trench bottom

INITIAL SITE SKETCH



AS BUILT SKETCH System installed 11-10-93

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: _____

Improvement Permit by: _____ date _____

Existing System Inspection by: _____ date _____

Installed by: Ken Painter Clayhouse Grading

Certificate of Completion by: _____ date Jan. 5, '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