IREDELL COUNTY HEALTH DEPARTMENT

Authorization to Construct

ST ...VILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / ~~CERTIFICATE OF COMPLETION~~ / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. Reggie DATE 9/25/96 TAX MAP NO. 2G 23 B 44 Watershed: X Yes ☐ No

OWNER OR CONTRACTOR Don Sibley (RI INGRAM) PHONE: Business 896-4777 Home 463-11-2329

ADDRESS 169 Wynward Lane Mooresville, NC.

LOCATION end of Cul de Sac of Wynward Ln. drive directly ahead.

SUBDIVISION North Shore BLOCK / SECTION 2 LOT 44 LOT AREA .62 SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .35

Septic Tank: 1000 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 399 Linear Feet 133

No Lines 1 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth SAND

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

System Description: CH PLASTIC

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes X No

X House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees ____

☐ Other ____

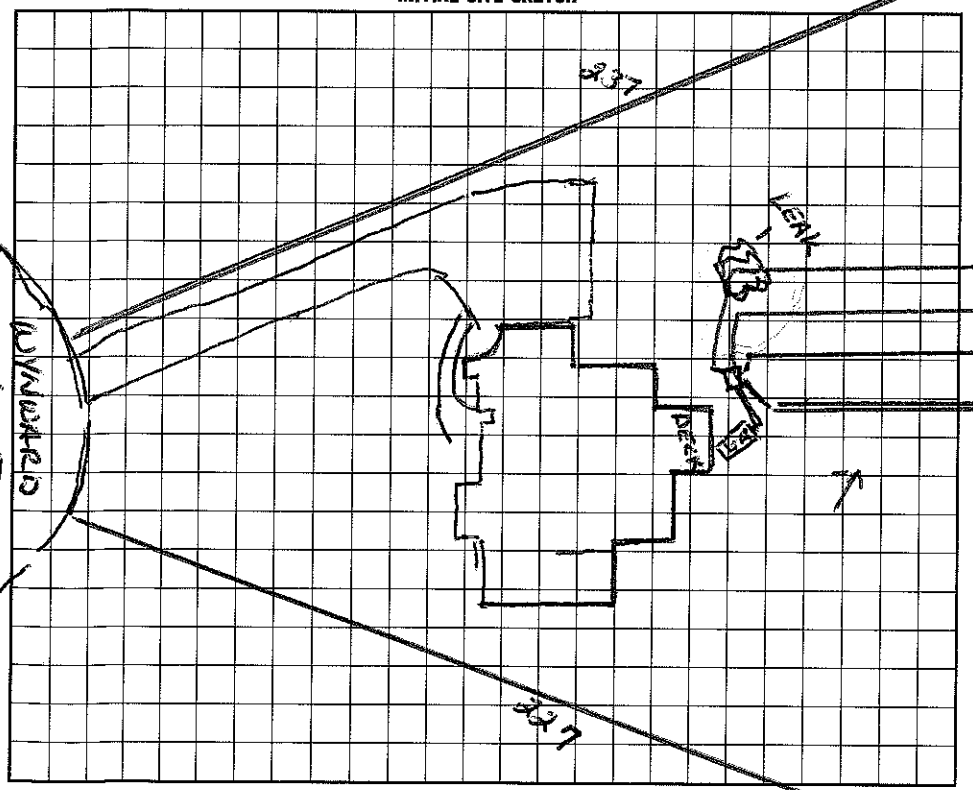
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual X Community ☐ Public

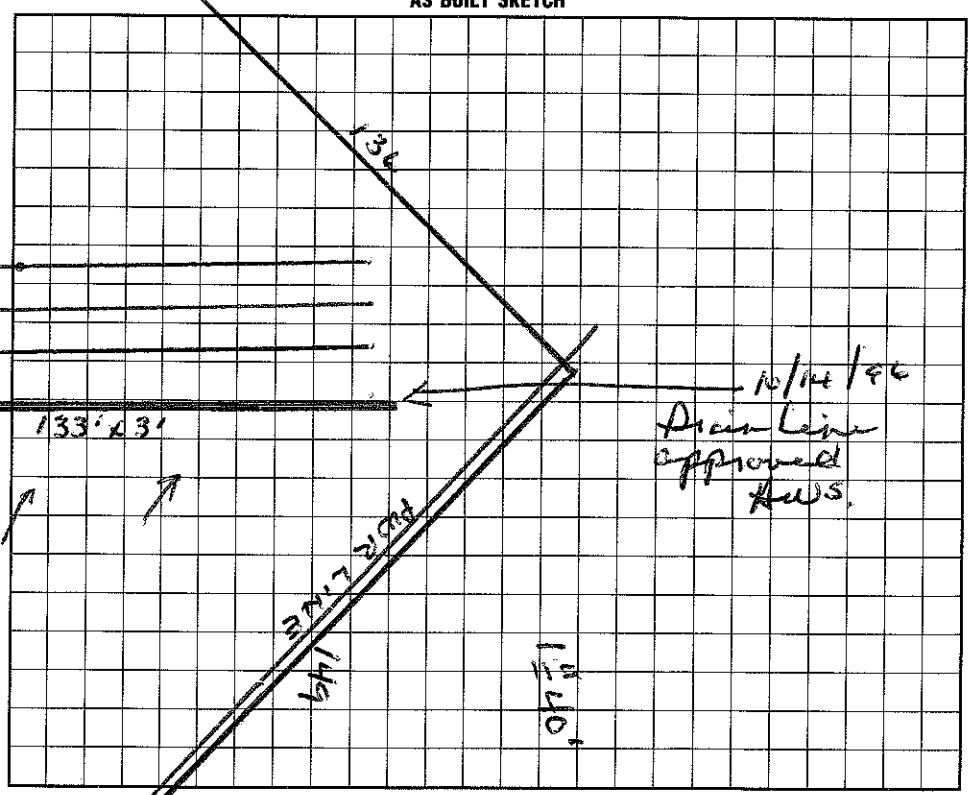
Comments: Re-leveled Dist. Box with Speed Levelers on all lines - Reduce load on lowest line when leak is located.

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: ____ Installed by: Don Horne Sibley

Improvement Permit by: ____ date ____

Existing System Inspection by: Authorization to Construct Wesley Sparks RS date 9/25/96

Certificate of Completion by: ____ date ____

Operation Permit by: Wesley Sparks R.S. date 10/28/96

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

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTIO

PROPERTY DESCRIPTION NO. 201787 DATE 4-24-95 TAX MAP NO. 26-33-B-44 Watershed: ☑ Yes ☐ N

OWNER OR CONTRACTOR Robert Ingraham Homes PHONE: Business 391-3915 Home 537-

ADDRESS 2900 B I-85 Serv Rd Charlotte N.C.

LOCATION Brawley School Rd TL Isle of Pine Pt TR Cove Creek Rd TL wynnewst TR wynward at end

SUBDIVISION North Shore BLOCK / SECTION 2 LOT 44 LOT AREA .62 acres SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .33

Septic Tank: 1000 Gallons; STB 794 Date 5/24/95

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360

No Lines 3 Trench Width 36 Max Trench Bottom Depth 36 Gravel Depth N/A

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

System Description: Gravity Infiltrator

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 2½

☐ Business No. Employees _____

☐ Other _____

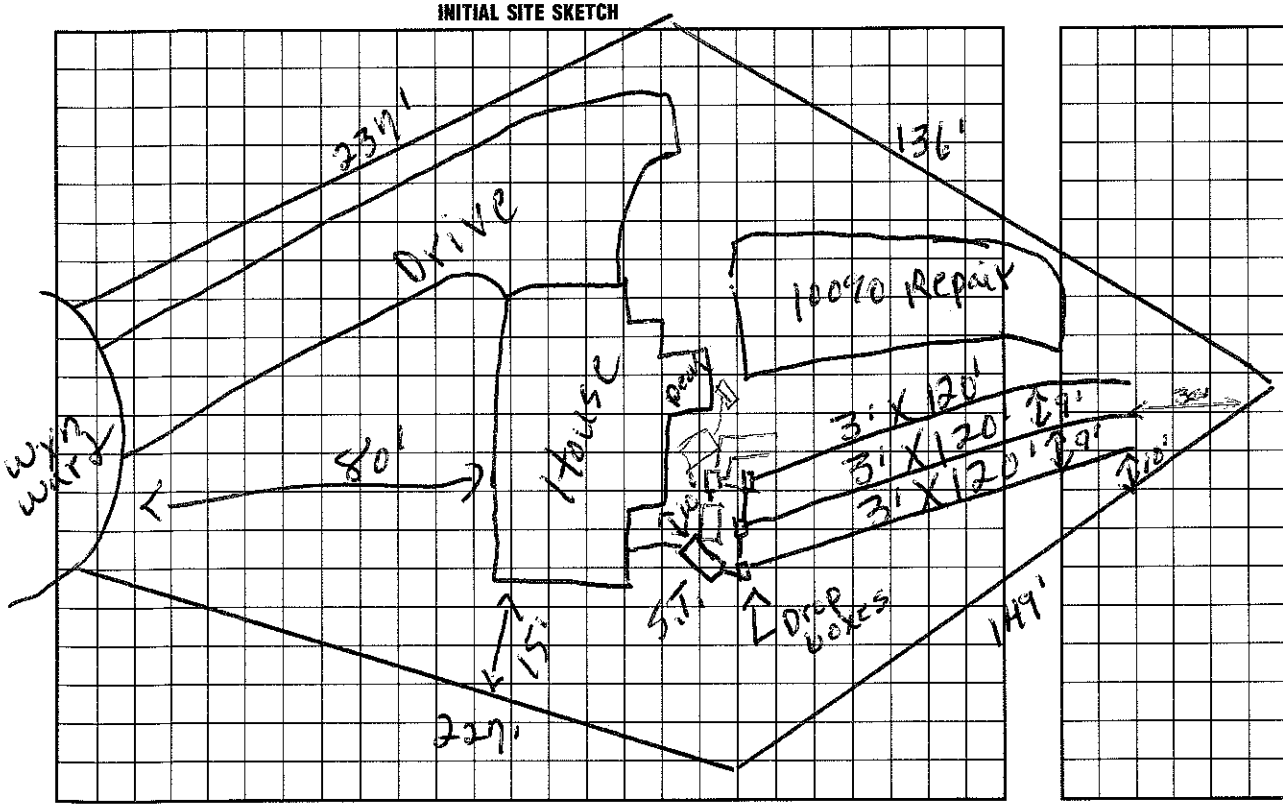
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

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. Improvement Permit is valid for 60 months from date of issuance.

Signed: _____ 4-24-95

Improvement Permit by: P. C. Moore date 4-24-95

Existing System Inspection by: _____ date _____

Installed by: Graham Hogue Grading

Certificate of Completion by: Wesley Sparks R.S. date 8/25/95

Operation Permit by: _____ date _____

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