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. 20788 DATE 4-24-95 TAX MAP NO. 26-23 B-46 4636 1 3103 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Robert Ingraham PHONE: Business 391-3715 Home W54-CA

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

LOCATION Isley Pine Cove Creek TL wynnswept TR wynnwood Lane on rt before cul-de-sac

SUBDIVISION North Shore BLOCK / SECTION 2 LOT 46 LOT AREA 1.171 acres SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 1.3

Septic Tank: 1000 Gallons; STB 794 Dellinger Date 5-8-95

Pump Tank: 1000 Gallons; PT 27 Dellinger Date 4-16-95

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Pump to conv. lines

Repair System Description: Pump to Infiltrator lines

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2½

☐ Business No. Employees _____

☐ Other _____

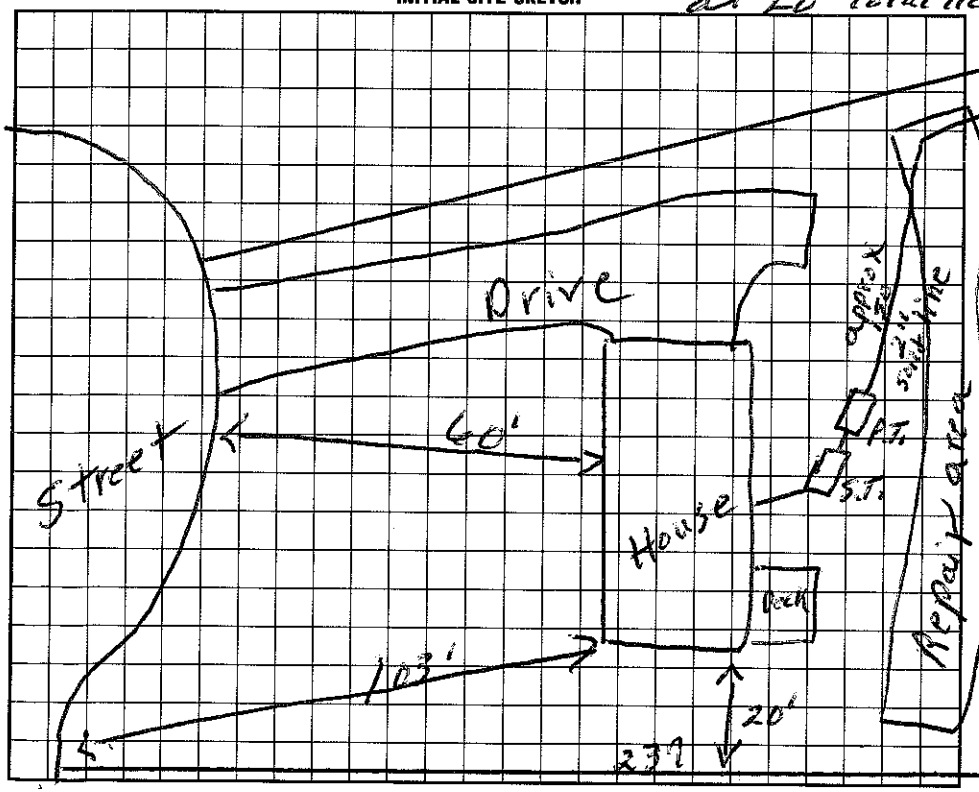
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

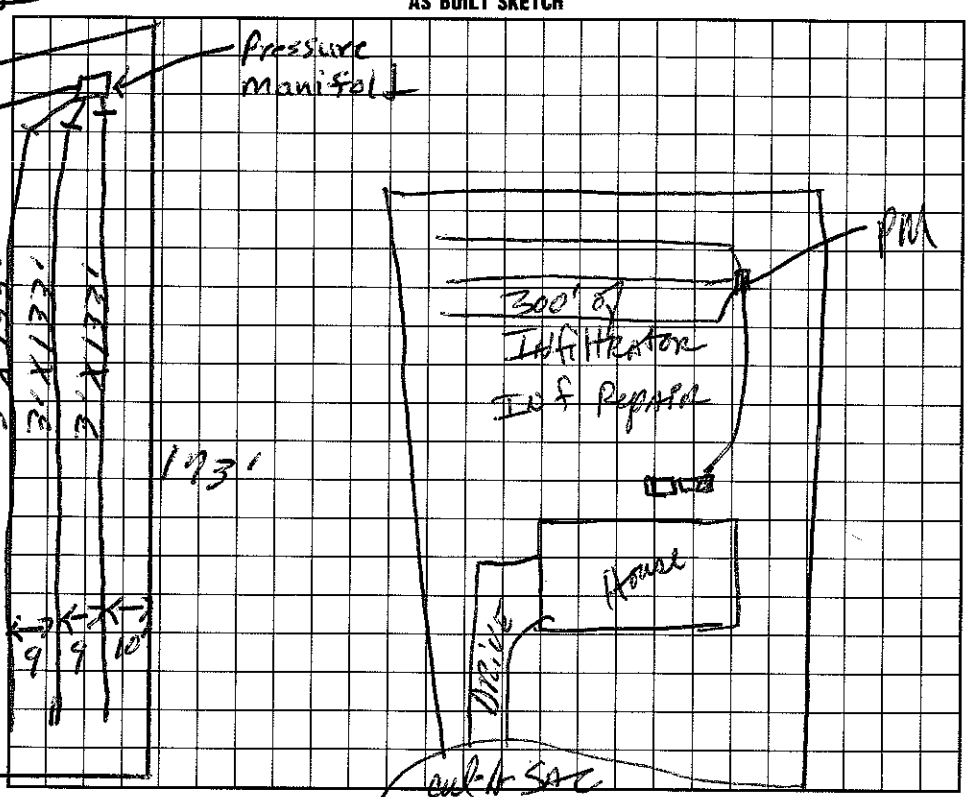
Comments: See Attached sheets for Pump Tank set up & manifold box set up. use pump that will deliver 40 gal/min at 20' Total Head

Comments: 7/21/95 System installed & tested

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: _____ date 4-24-95

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

Existing System Inspection by: _____ date _____

Installed by: Ken Painter

Certificate of Completion by: _____ date _____

Operation Permit by: _____, RS date 9-5-95

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