IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 'OORESVILLE 704-664-5281

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

PROPERTY DESCRIPTION NO. 18824 DATE 12/15/94 TAX MAP NO. 26-23-B-4 4636 1321 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Robert Ingram Homes PHONE: Business 391-3715 Home

ADDRESS 2900-B I-85 Service Rd. Charlotte, NC. 28208

LOCATION North Shore Ph. II, (R) Cove Creek TL Wynswept TR Wynward, straight ahead on Culdesac

SUBDIVISION North Shore BLOCK / SECTION II LOT 45 LOT AREA 1.37 SITE CLASS. P DESIGN FLOW 480 L.T.A.R. .35

Septic Tank: 1000 Gallons; STB 7M Dellinger Date 38-95

Pump Tank: 1000 Gallons; PT 27 Dellinger Date 3-14-95

Pump Make: Liberty Model LE-71A Serial No. 5735 Cd95

Nitrification Field: No Fields 1 Square Feet 1371 Linear Feet 457

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: Pressure Manifold - Conventional

Repair System Description: Pressure Manifold

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3.5

☐ Business No. Employees

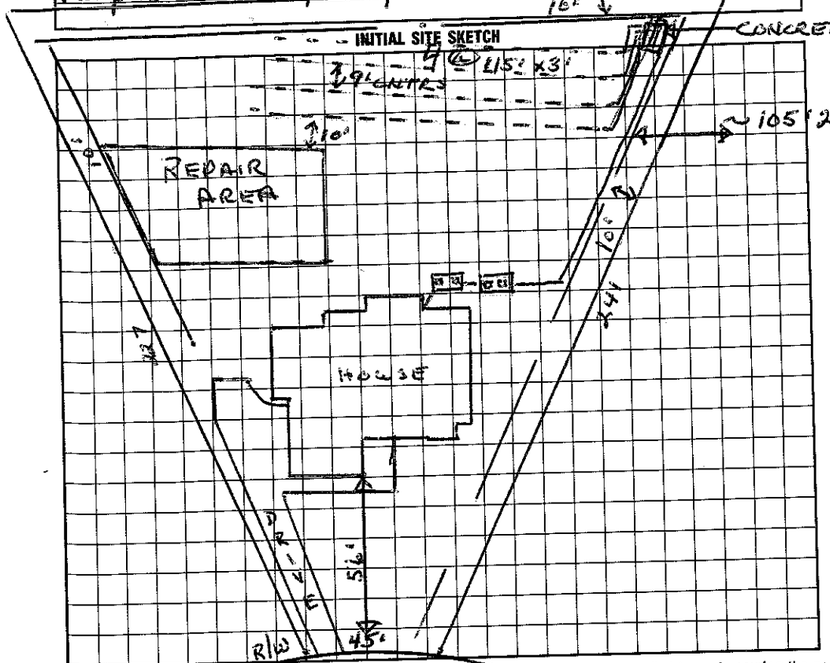
☐ Other

Water Supply: ☒ Individual ☒ Community ☐ Public

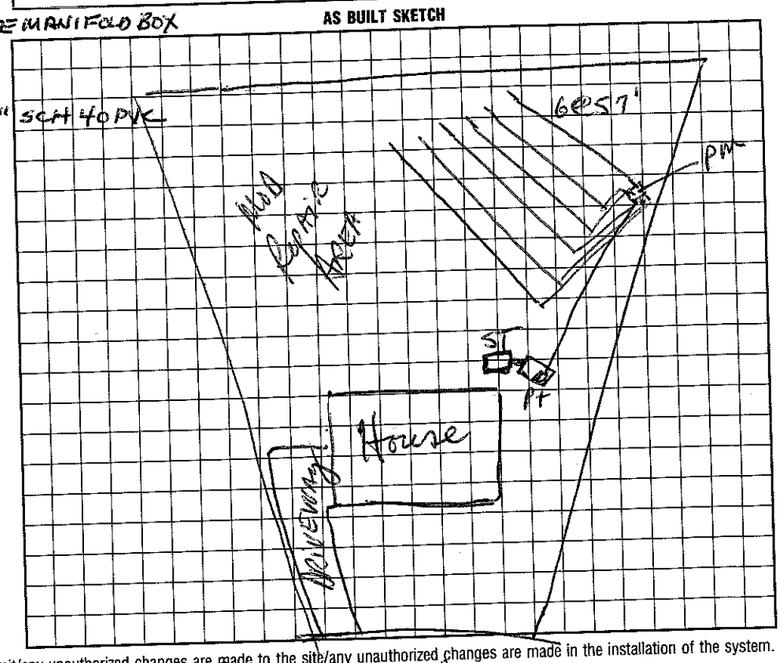
Comments: Pressure Manifold to Conventional 3 foot trenches
2' Head inside manifold - 200-207 GAL/DOSE
Pump 13-16 GPM Capacity 249

Comments: Installed in Infiltrator Laterals (2 340') 6@57' and one run as shown. Dosed 4/20/95

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: Roger Lawson

Improvement Permit by: Wesley Sparks R.S. date 12/15/94

Existing System Inspection by: _____ date _____

Installed by: Ken Painter / Clearhouse Grading

Certificate of Completion by: _____ date _____

Operation Permit by: [illegible] R.S. date 5/25/95

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