# IREDELL COUNTY HEALTH DEPARTMENT

Authorization to Construct

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

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

PROPERTY DESCRIPTION NO. 25225 DATE 10/4/96 TAX MAP NO. 2G 23 B 57 Watershed: ☒ Yes ☐

OWNER OR CONTRACTOR ROBERT INGRAM HOMES PHONE: Business 391-3715 Home

ADDRESS 2900 I 85 S SERVICE RD. CHAR NC.

LOCATION ISLE PINES TR COVE CREEK, 3RD ON (L) PAST WYNSWEPT

SUBDIVISION NORTH SHORE BLOCK / SECTION 111 LOT 57 LOT AREA 100 x 218 SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 12/29/96

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 460

No Lines 5 Trench Width 36" Max Trench Bottom Depth 32" Gravel Depth SAND

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

System Description: CH PLASTIC

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees ____

☐ Other ____

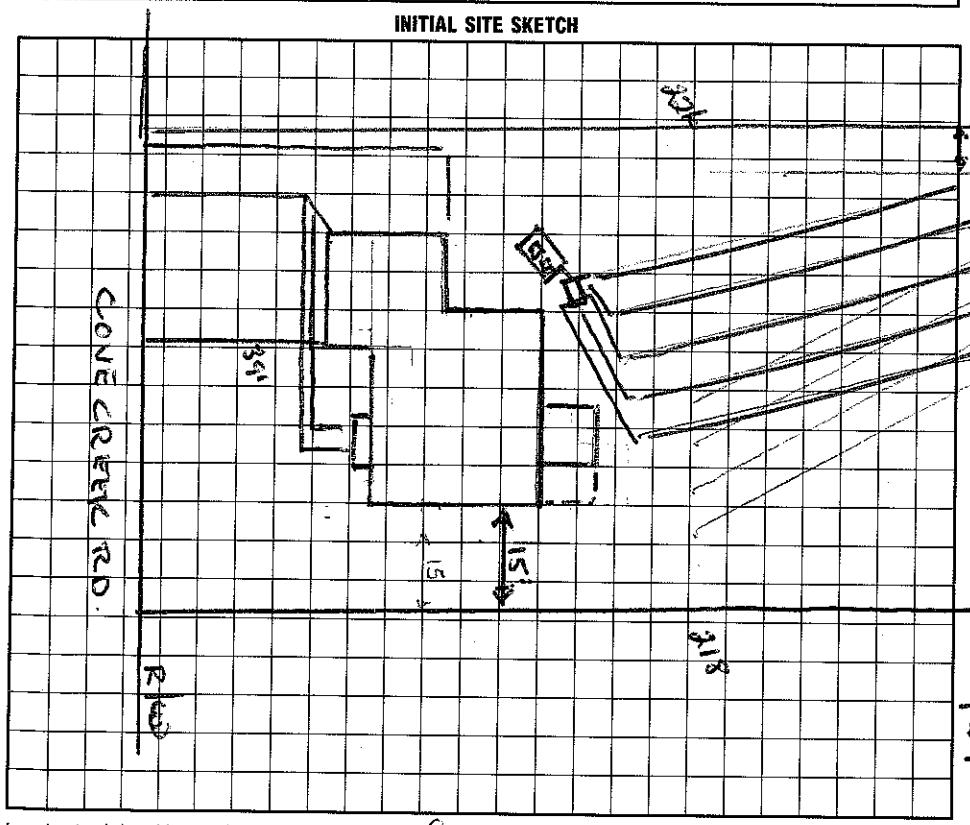
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply
☐ Individual
☒ Community
☐ Public

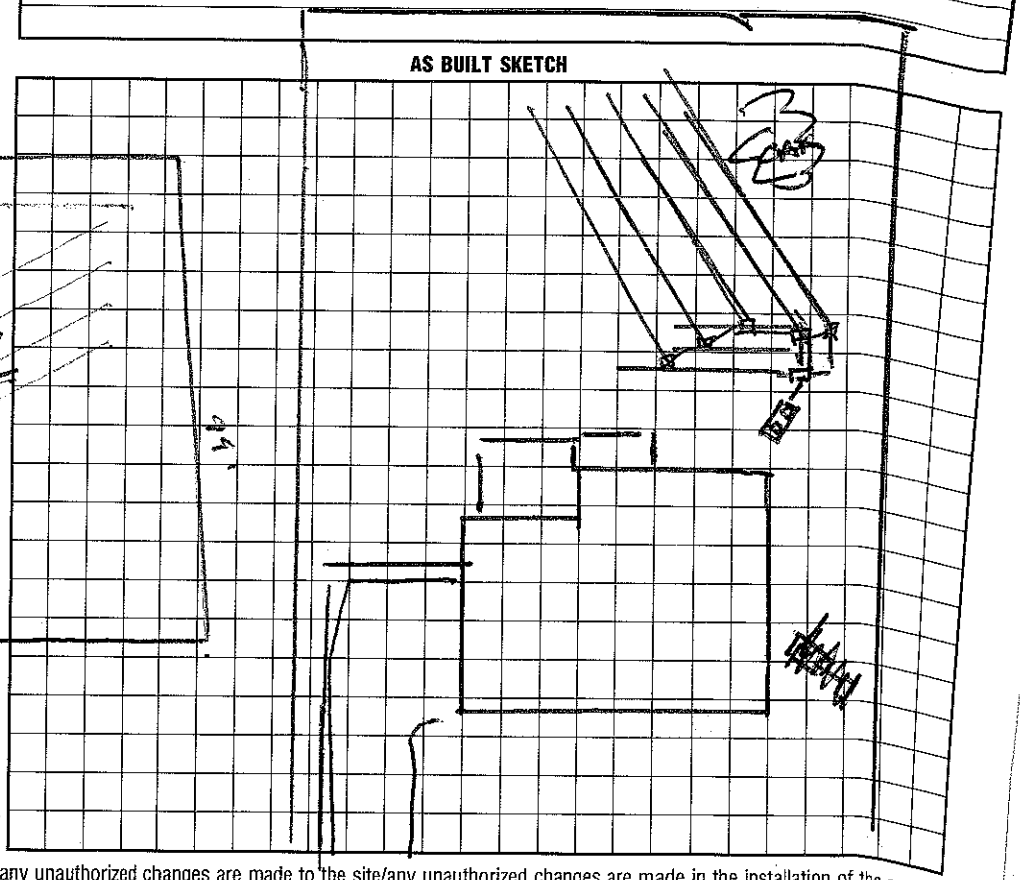
Comments: DO NOT CUT HOUSE SITE DOWN - BUILD FOUNDATION UP OR PUMP — CONTOURS TRICKY

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: ____

Improvement Permit by: Wesley Sparks RS. date 10/4/96

Existing System Inspection by: Wesley Sparks RS. date 10/4/96

Installed by: Non House Bldg

Certificate of Completion by: ____ date ____

Operation Permit by: Wesley Sparks RS. date 2/10/97

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