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. 16898 DATE October 5, 193 | 4636-11-6039 TAX MAP NO. 26-23B55

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

ADDRESS 2900 B I-85 S. Service Rd. Charlotte

LOCATION 1100 Ft. I-85 TR Cove Creek Rd. TL Wynnewynt 1ST house on Rt. (corner lot)

SUBDIVISION North Shore BLOCK / SECTION II LOT 55 LOT AREA 20,000 ft² SITE CLASS. B pn1956 L.T.A.R. .3

Water Supply: ☐ Individual ☑ Community ☐ Public

Septic Tank: 1000 Gallons; STB 794 Delling Date 8-27-93

Pump Tank: _____ Gallons; PT _____ Date _____

Nitrification Field: No. Fields 1 Square Feet _____ Linear Feet 270

No. Lines 5 Trench Width 24" Trench Depth Bottom 28"-34" Gravel Depth NA

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

System Description: gravity LPBPS

Repair System Description: LD PPBPS

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4/3 No. Bathrooms _____ No. Employees _____

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

Garbage Disposal: ☑ Yes ☐ No

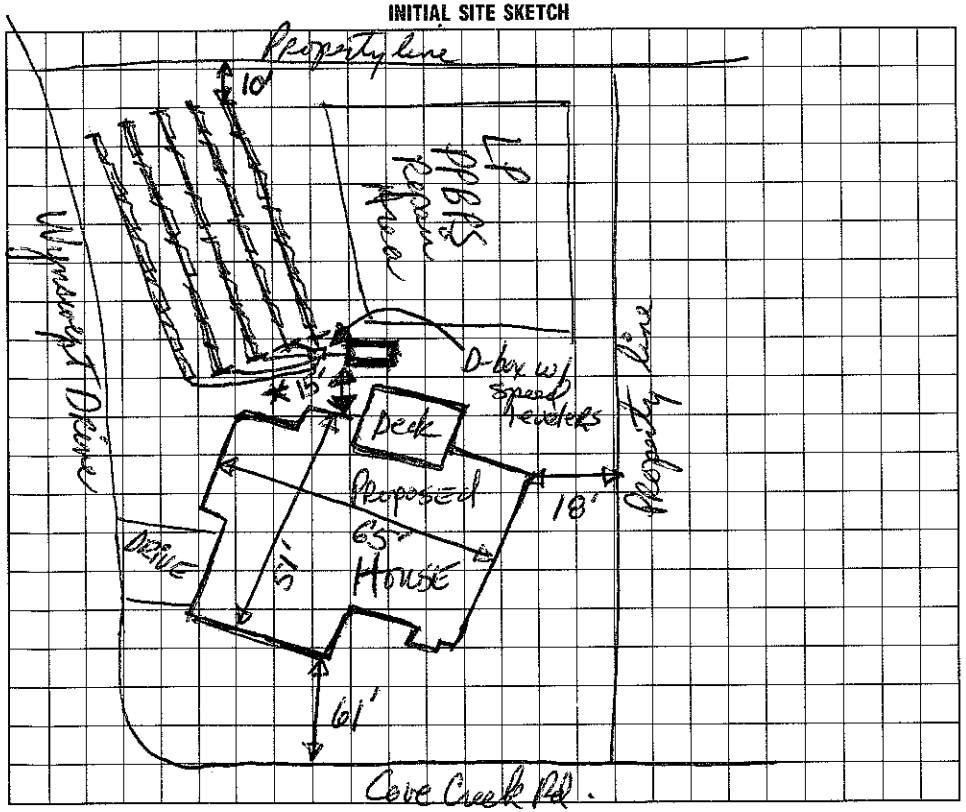
Auto. Dishwasher: ☑ Yes ☐ No

Auto. Washing Machine: ☑ Yes ☐ No

Other _____

Comments Maintenance Agreement required on future repair. Plumbing must exit house at a level to accomodate specified trench depth or a pump (LPPPBPS) will be required. *Any foundation drain (subsurface) drain increases setback to 25'

INITIAL SITE SKETCH



AS BUILT SKETCH

As shown on initial sketch except system when in with 4 laterals

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: David R. Hamm, RS date 10/5/93

Existing System Inspection by: _____ date _____

Installed by: Ken Painter, Shoreline Grading

Certificate of Completion by: _____ date _____

Operation Permit by: David R. Hamm, RS date 1-21-94

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