IREDELL COUNTY HEALTH DEPARTMENT

Authorization to Construct

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

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

PROPERTY DESCRIPTION NO. 22284 DATE 4/2/96 TAX MAP NO. 2623 B 76 Watershed: [X] Yes [ ] No

OWNER OR CONTRACTOR Robert Ingram Homes PHONE: Business 391-3715 ~~Home~~ 4636-11-7443

ADDRESS 2900B S I-85 Service Rd. Chas. NC. 28211

LOCATION Cove Creek Rd. #178, BS TL Pole Pines TR Cove Creek Rd. on (R) corner of Mussel Ct.

SUBDIVISION North Shore II BLOCK / SECTION III LOT 74 LOT AREA .55 Ac SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 7/9/96

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet ~~400~~ (533)

No Lines 4 Trench Width 36" Max Trench Bottom Depth 32" Gravel Depth 6" STONE

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

System Description: Drop Box - Plastic Chem.

Repair System Description: Same

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

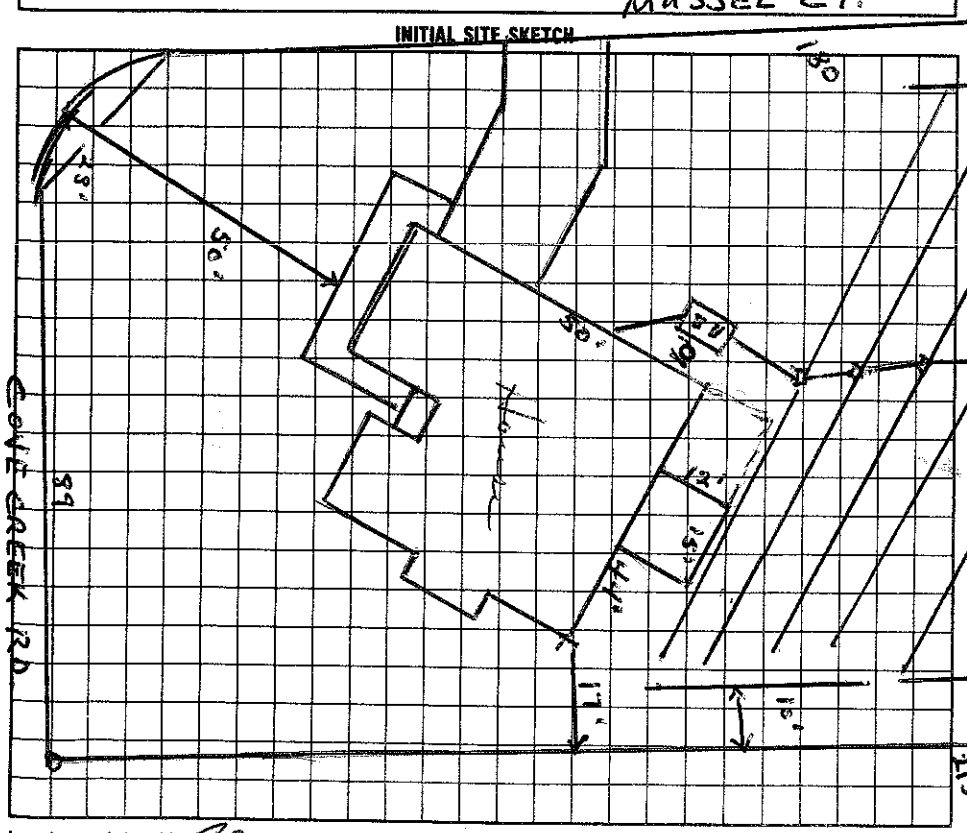
Water Supply: [ ] Individual [X] Community [ ] Public

Comments: * Chambered Plastic 25% reduction
* Sand backfill over louvers required

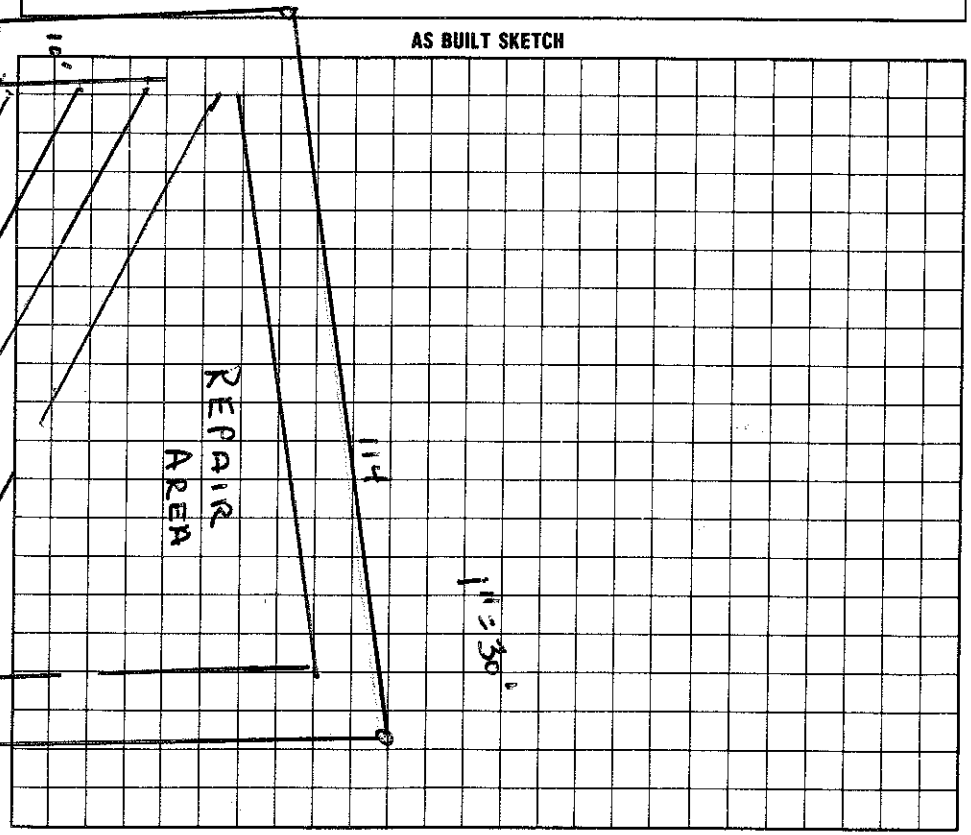
MUSSEL CT.

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.

Authorization to Construct valid 5 years

Signed: _____

Improvement Permit by: Wesley Sparks RS. date 4/2/96

Authorization to Construct Existing System Inspection by: Wesley Sparks RS. date 4/2/96

Installed by: Olon Howe

Certificate of Completion by: _____ date _____

Operation Permit by: Wesley Sparks RS. date 10/9/96

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