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. 16467 DATE Nov. 10, '93 TAX MAP NO. part of 2F-B-10 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Robert Ingraham Homes PHONE: Business _____ Home _____

ADDRESS _____

LOCATION 1100 TL 1113 TR Cove Creek Rd. TR High Sail Ct on right

SUBDIVISION North Shore BLOCK / SECTION _____ LOT 4 LOT AREA 29,000 SF± SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .13

Septic Tank: 1000 Gallons; STB 714 Bellinger Date 8-9-93
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields ____ Square Feet _____ Linear Feet _____
No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: gravity Conventional
Repair System Description: pumped conv. or PPBPS
Maintenance Agreement Required: ☐ Yes ☑ No

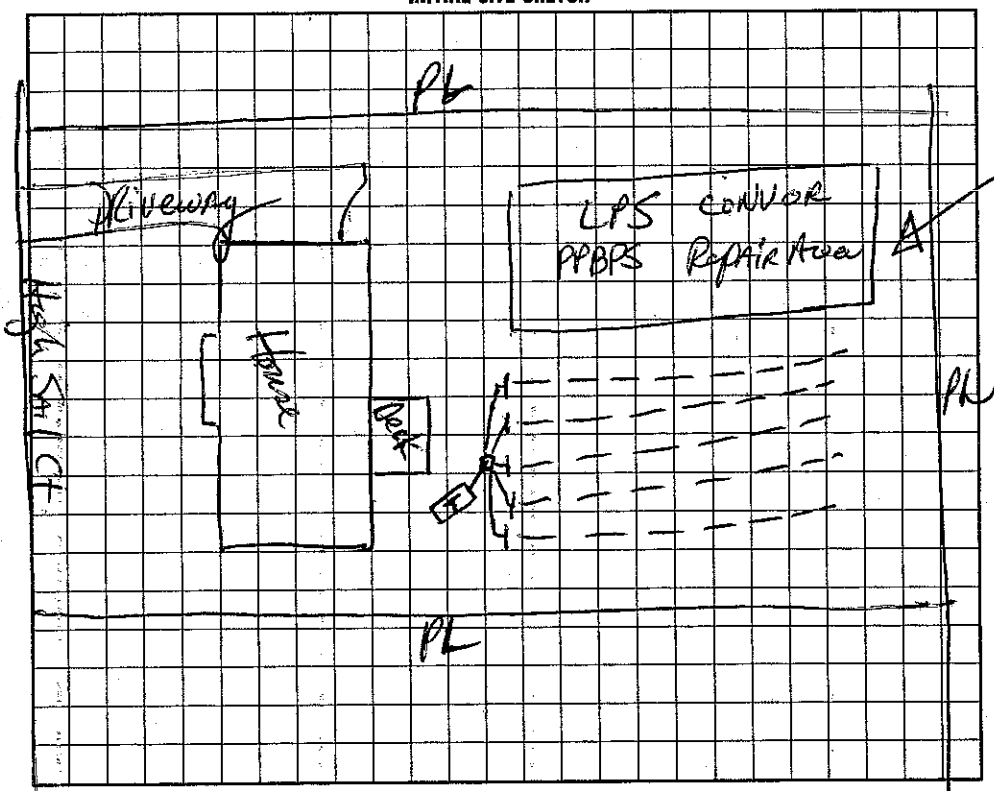
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☑ Community
☐ Public

Comments:

Comments: Plumbing raised because it was not stubbed out @ levelsbown on I.P. This was necessary to install laterals no deeper than Approx 36" trench bottom

INITIAL SITE SKETCH



AS BUILT SKETCH System installed 11-10-93

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: _____ date _____

Existing System Inspection by: _____ date _____

Installed by: Ken Painter, Clearhouse Grading

Certificate of Completion by: Dave Hinson date Jan 5, '94

Operation Permit by: _____ date _____

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