(4:00 – 9:30)

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. 18194 DATE Feb 28, '95 TAX MAP NO. part of 2/C15 4637561565 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Lynwin Dev Ltd PHONE: Business 664-3400 Home WS IV

ADDRESS PO Box 44, Sherrills Ford NC 28673

LOCATION 150 W. Th Dodge Rd TR Purple Finch Lane

SUBDIVISION Whippoorwill Woods BLOCK / SECTION 2 LOT 7 LOT AREA 30,000 ft² SITE CLASS. PS per 1996 DESIGN FLOW 360 gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 714 Date 1-10-97

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 200

No Lines 4 Trench Width 24" Max Trench Bottom Depth 30" Gravel Depth NA

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

System Description: gravity PPBPS

Repair System Description: ULP PPBPS

Maintenance Agreement Required: ☐ Yes ☑ No initial only

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

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

Water Supply: ☑ Individual ☐ Community ☐ Public

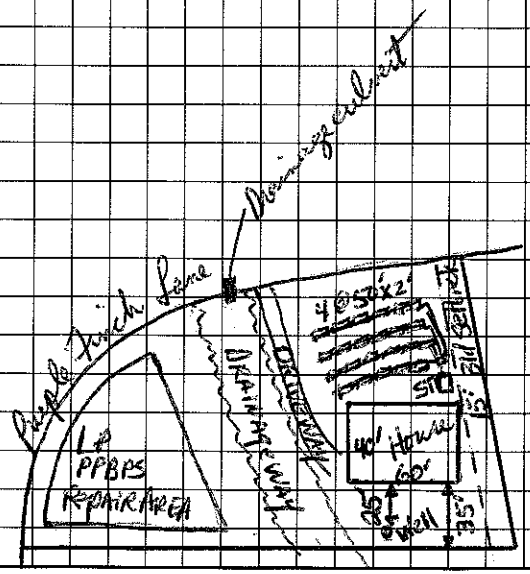
Comments: This site to accomodate single family residence only of 3 bedrooms maximum. Single 1000-gal with spool levelers to be used for Distribution on conventional gravity system.

Comments: DEVELOPER Ready to issue OP/CC

PERMIT Jan 11, '99 Talked w/ Ray Short (Builder) who verified to me his intention to build sys in compliance w/ I.P.

1" = 100'

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: _____

Improvement Permit by: _____ date 2-28-95

Existing System Inspection by: _____ date 1-11-99

Installed by: Cornelius Grading

Certificate of Completion by: _____ date 6-25-99

Operation Permit by: _____ date _____

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