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. 17959 DATE JUNE 8, 1994 TAX MAP NO. Pt. of ZP -A-14A Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR ROBB. S. PORTER, JR, PHONE: Business 704-663-5000 Home 704-892-0007

ADDRESS 10610 CONISTAN PLACE HUNTERSVILLE NC 28078

LOCATION LOT ON LEFT AT END OF RUTAN ROAD ~1/10 MILE FROM NORMANDY RD 4638-52-9786

SUBDIVISION LAKE NORMAN AIR PARK BLOCK / SECTION II LOT 39 LOT AREA 1.88AC SITE CLASS. PS 1956 DESIGN FLOW 480 L.T.A.R. 0.25

Septic Tank: 1000 Gallons; STB 794 Date 6/1/94

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 2 Square Feet 1920 Linear Feet 640

No Lines 6 Trench Width 36" Max Trench Bottom Depth 20" Gravel Depth 12"

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

System Description: gravity conventional

Repair System Description: gravity PPBRS

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees ____

☐ Other ____

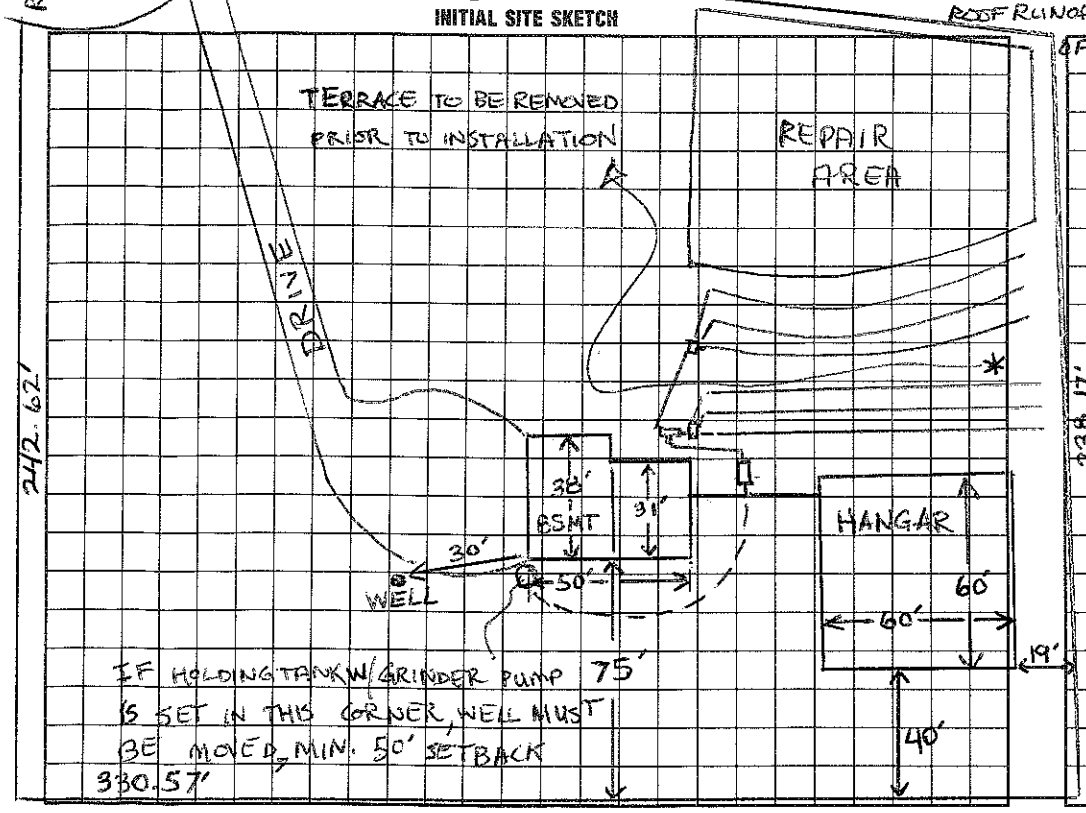
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☑ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: DO NOT INSTALL DURING WET SOIL CONDITIONS. LINES MUST BE ON CONTOUR SO SHOOT ELEVATIONS & REFLAG BEFORE EXCAVATION BEGINS MAKE ANY NECESSARY ADJUSTMENTS TO LAYOUT AFTER CONTACTING DEPT. SURFACE & ROOF RUNOFF MUST BE DIVERTED AWAY FROM SYSTEM.

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. Improvement Permit is valid for 60 months from date of issuance.

Signed: Robb S Porter Jr by Cheryl C. Carter

Improvement Permit by: Andrea Lemon date 6-8-94

Existing System Inspection by: ____ date ____

Installed by: Randy Sipe

Certificate of Completion by: Wesley Sparks R.S. date 8/25/94

Operation Permit by: ____ date ____

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