4648358905

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. 21423 DATE 6/21/95 TAX MAP NO. 2P 6B 9 Watershed: ☒ Yes ☐ No

OWNER OR CONTRACTOR Jeff Lyne PHONE: Business _____ Home 393-2027

ADDRESS 117 Pine Knoll Ln. Charlotte NC. 28214

LOCATION 1500' TR Blueberry (L) Big Indian Lp. (R) first asphalt around sharp curve on (L)

SUBDIVISION Indian Hill BLOCK / SECTION _____ LOT 9 LOT AREA ~.84Ac SITE CLASS. P DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 4/19/97

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12

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

System Description: CONV PANEL

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

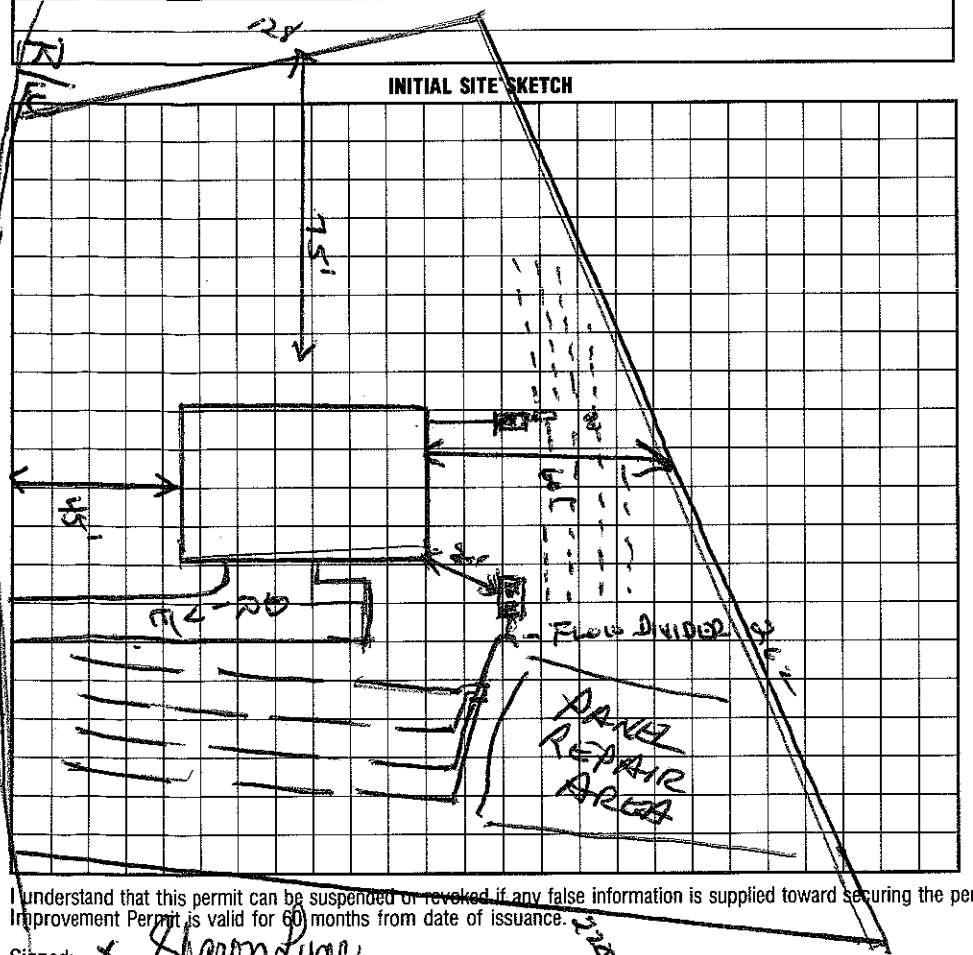
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

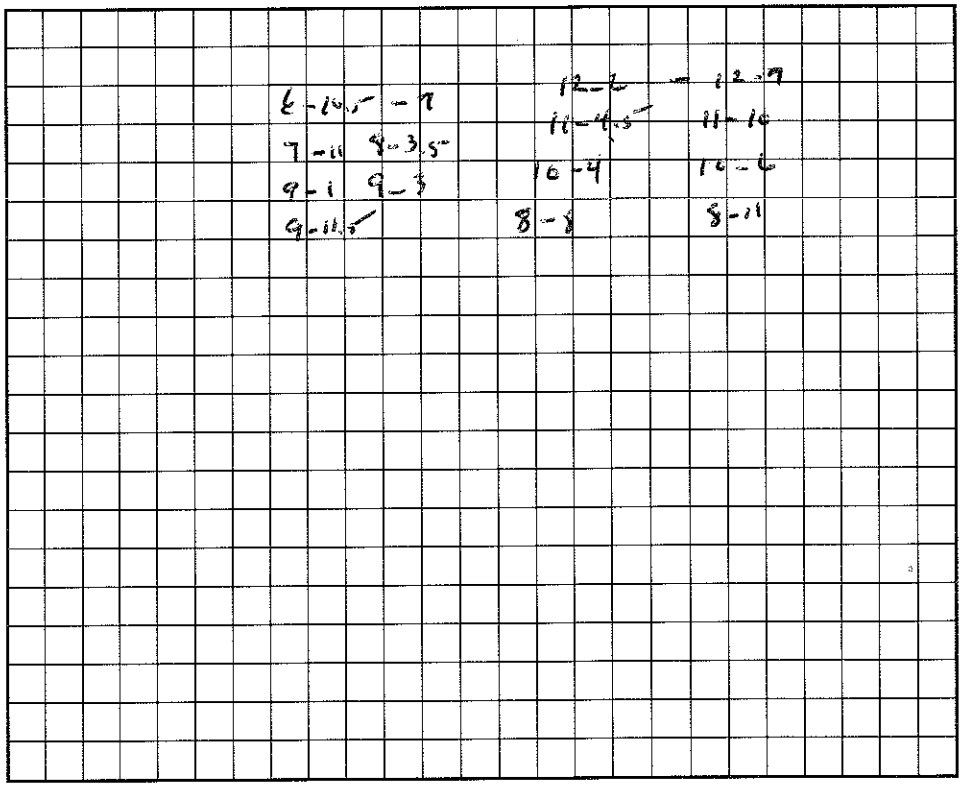
Comments:

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: X Sharon Lyne

Improvement Permit by: Wesley Sparks RS. date 6/21/95

Existing System Inspection by: _____ date _____

Installed by: Ray Beam

Certificate of Completion by: Wesley Sparks RS date 8/1/97

Operation Permit by: Wesley Sparks RS. date 8/1/97

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