4659074353

IREDELL COUNTY HEALTH DEPARTMENT Const Auth STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / ~~CERTIFICATE OF COMPLETION~~ / OPERATION PERMIT / EXISTING SYSTEM INSPEC'

PROPERTY DESCRIPTION NO. 24662 DATE Dec. 3, '96 TAX MAP NO. part of 4EA12 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Const Dev. Co. / Integrity Homes PHONE: Business _____ Home _____

ADDRESS 290 Lakeview Dr., Mooresville

LOCATION 4.5 mi N on TR Sailwinds on Right

SUBDIVISION Windward Pointe BLOCK / SECTION _____ LOT 13 LOT AREA ~21,000 ft² SITE CLASS. Spec. 1956 DESIGN FLOW 360 gpd L.T.A.R. ~.3

Septic Tank: 1000 Gallons; STB 794 Date 10/30/96

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 3 @ 100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth AA

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

System Description: gravity plastic chambered

Repair System Description: Reno or grav. Rural Block

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home NW No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

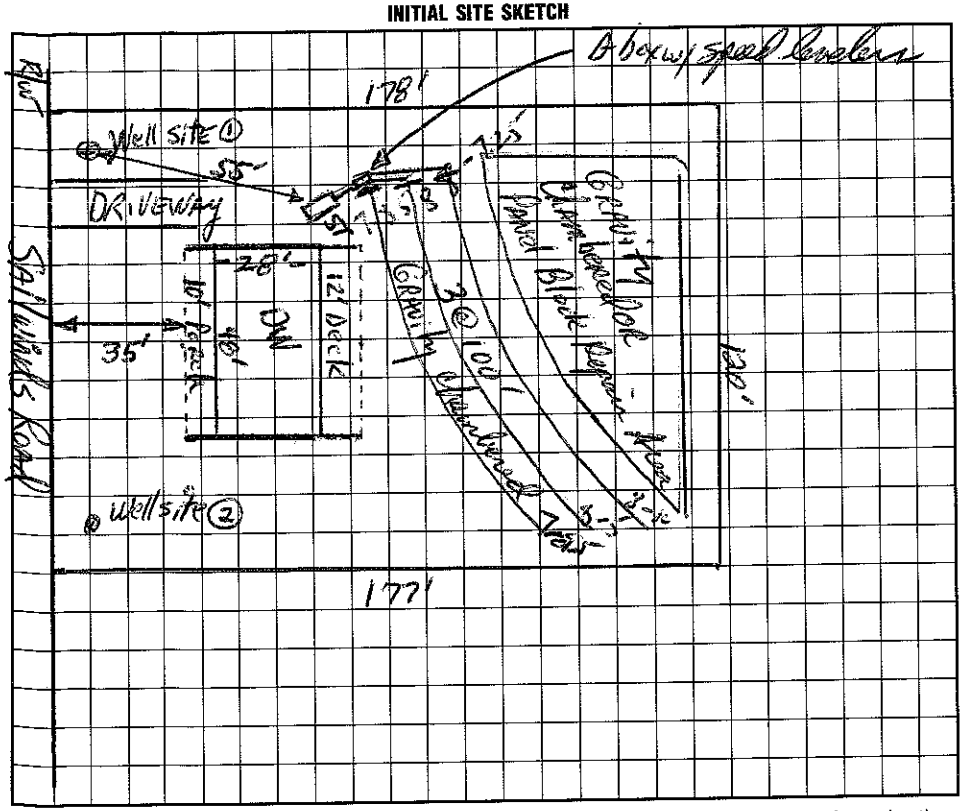
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

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.

Signed: [signature]

Improvement Permit by: [signature], RS date 12-3-96

~~Existing System Inspection~~ by: [signature], RS date 12-3-96

Installed by: Tim Ammons

Certificate of Completion by: _____ date _____

Operation Permit by: [signature] RS date 12/27/96

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