# IREDELL COUNTY HEALTH DEPARTMENT

Authorization to Construct 4659172257

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

## IMPROVEMENT PERMIT / ~~CERTIFICATE OF COMPLETION~~ / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. REPAIR DATE 11/5/97 TAX MAP NO. 4E A12 Watershed: [X] Yes [ ] No

OWNER OR CONTRACTOR BRENDA OWENS PHONE: Business _____ Home 528-1256 WSIV CA

ADDRESS 104 REGATTA LANE MOORESVILLE, NC. 28115

LOCATION 115 N TL SAILWINDS TL REGATTA, (R) CORNER LOT

SUBDIVISION WINWARD POINTE BLOCK / SECTION _____ LOT 57 LOT AREA 21780 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: EXISTING Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 126 Linear Feet 42

No Lines 2 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth SAND

[ ] New System [X] Repair System Type: I, II, (III), IV, V, VI

System Description: CHAM. PLASTIC

Repair System Description: CHAM PLASTIC

Maintenance Agreement Required: [ ] Yes [X] No

[ ] House/Mod. Home No. Bedrooms 3

[X] Mobile Home No. Bathrooms 2

[ ] Business No. Employees ____

[ ] Other _____

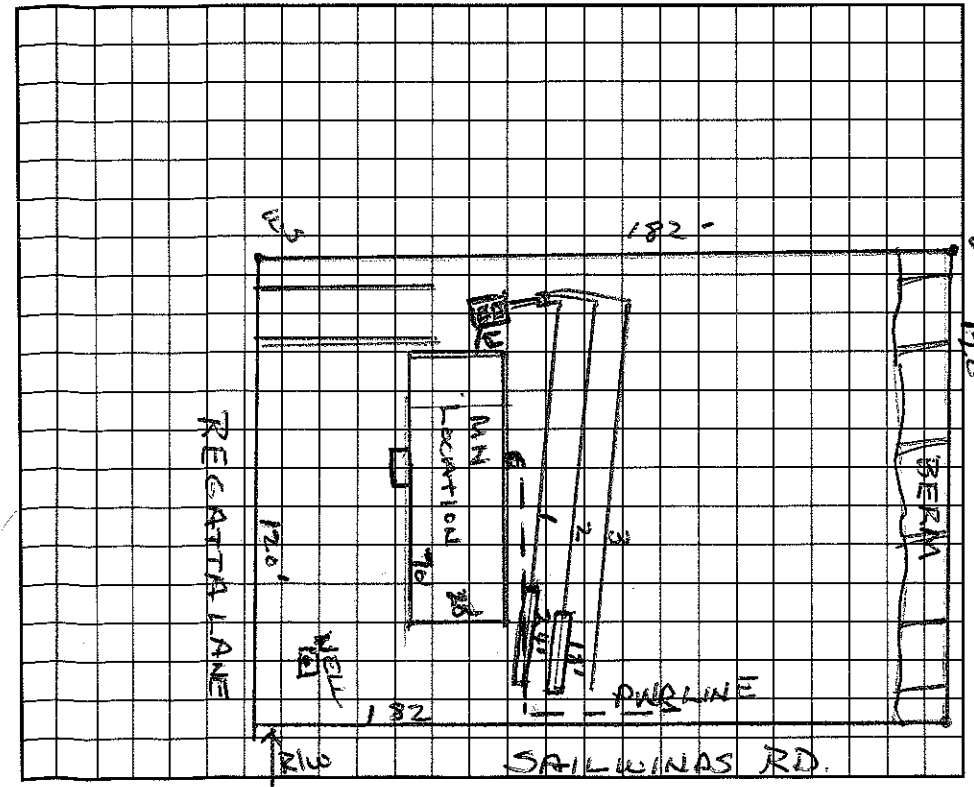
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] Individual [ ] Community [ ] Public

Comments: RECONSTRUCT LAST 24 FEET OF LINE 1
RECONSTRUCT LAST 18 FEET OF LINE 2
DAMAGED DUE TO POWER LINE INSTALLATION

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: Jason Wood

Improvement Permit by: Wesley Sparks R.S. date 11/6/97

Existing System Inspection by: Contract: Wesley Sparks R.S. date 11/6/97

Installed by: C & M ENTERPRISES

Certificate of Completion by: _____ date _____

Operation Permit by: [signature] date 11/20/97

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

SWEEN 4 OWENS
528-1296

(11:30)

# 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. 24906 DATE 2-5-97 TAX MAP NO. 4E A 12 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Pruitt Development Co. PHONE: Business 875-8001 Home

ADDRESS 290 Lakeview Dr. Mooresville, N.C. 28115

LOCATION 21.5 TR past Flower House Loop on Sailwinds TL on Regatta @ 1st lot Rt

SUBDIVISION Windward Point BLOCK / SECTION LOT 57 LOT AREA 21780 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 821 Date 7/22/97

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

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

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Gravity chambers

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees

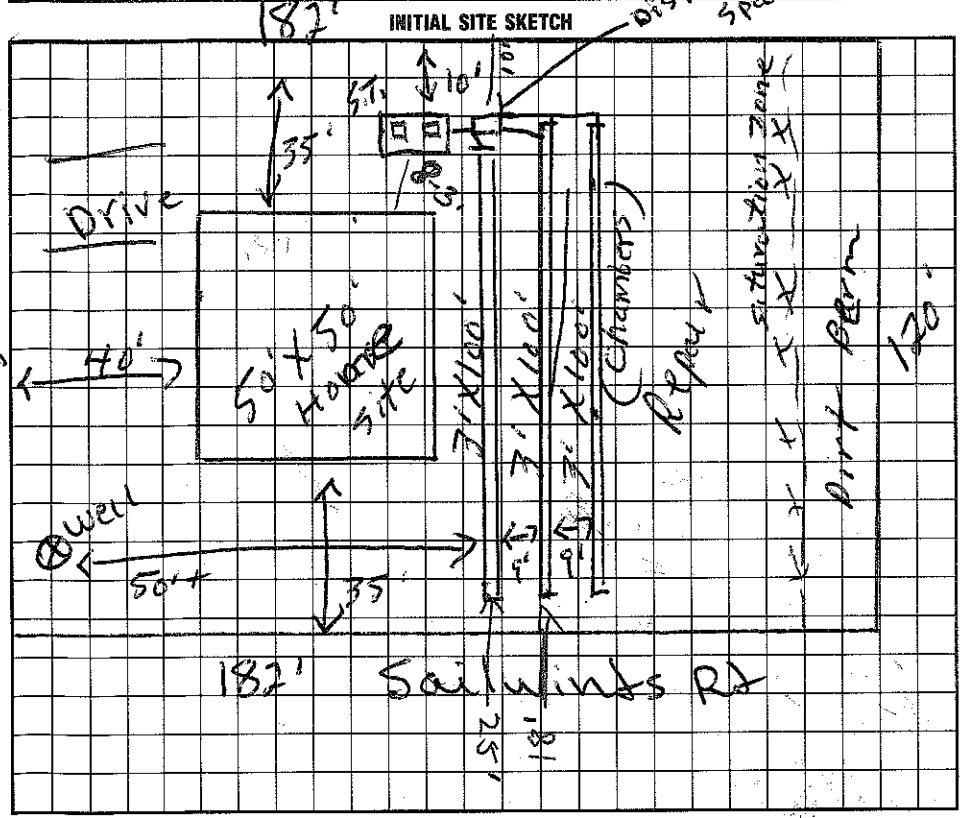
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

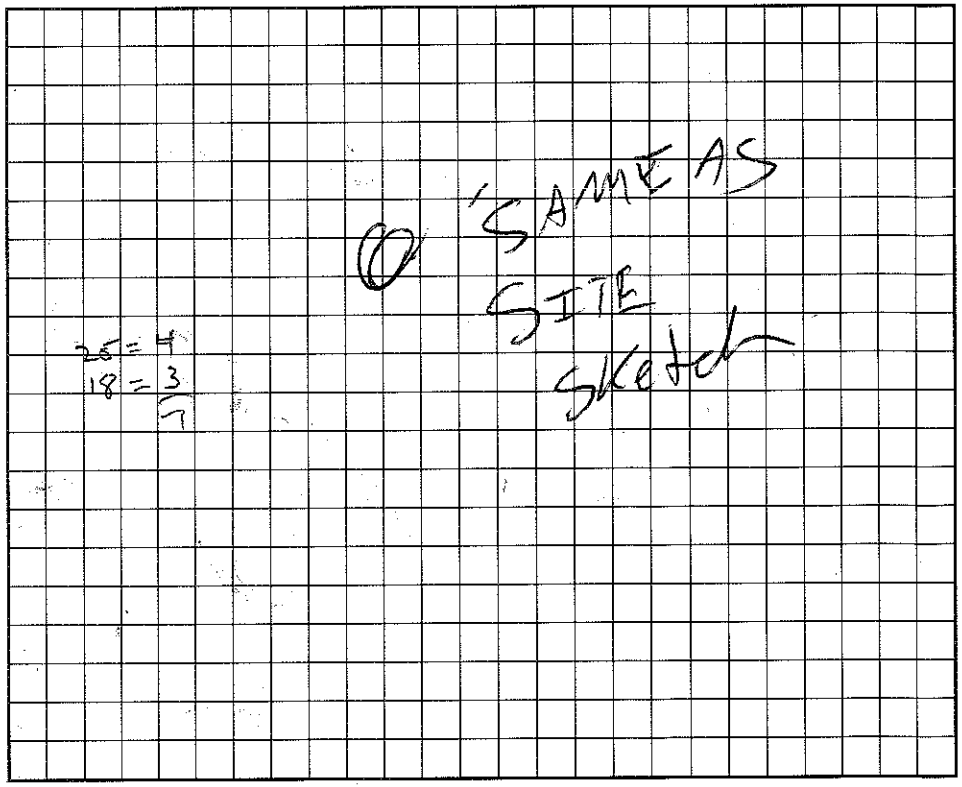
Comments:

Comments: SUBD BRENDA OWENS
25
18
43
104 Regatta Ln.
Mooresville
528-1296

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: R. C. Moore date 2-5-97

Authorization to Existing System Inspection by: R. C. Moore date 2-5-97

Installed by: G & M Enterprises

Certificate of Completion by: date

Operation Permit by: date 8/28/97

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

to count Authorization to Count Expires 60 mos From issue