4659174169

IREDELL COUNTY HEALTH DEPARTMENT

Const. Auth. STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PROPERTY DESCRIPTION NO. 24919 DATE Feb 4, 197 TAX MAP NO. part of 4EA12 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Truitt Dev. Co. PHONE: Business _____ Home _____

ADDRESS 13420 Reese Blvd W. Huntersville 28078

LOCATION 115-21 N. TL Sailwinds TL Regatta on left

SUBDIVISION Windward Pt. BLOCK / SECTION _____ LOT 70 LOT AREA .5 Ac SITE CLASS. PSpn.1956 DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 821 Date 1/3/97

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

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

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

System Description: Gravity Plastic Chambered

Repair System Description: pumped chambered

Maintenance Agreement Required: ☐ Yes ☑ No

☑ 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

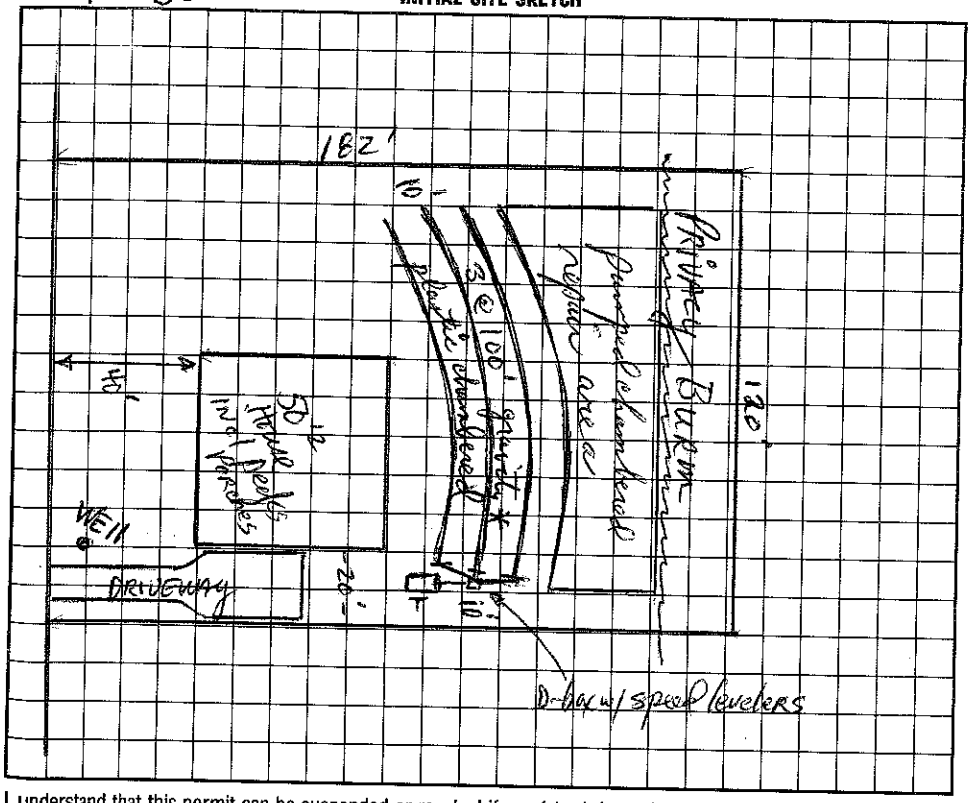
Comments: Plumbing must exit at existing grade to avoid pump.

Comments: Lower 2 lines installed – half of upper line in 2/19/97 BH

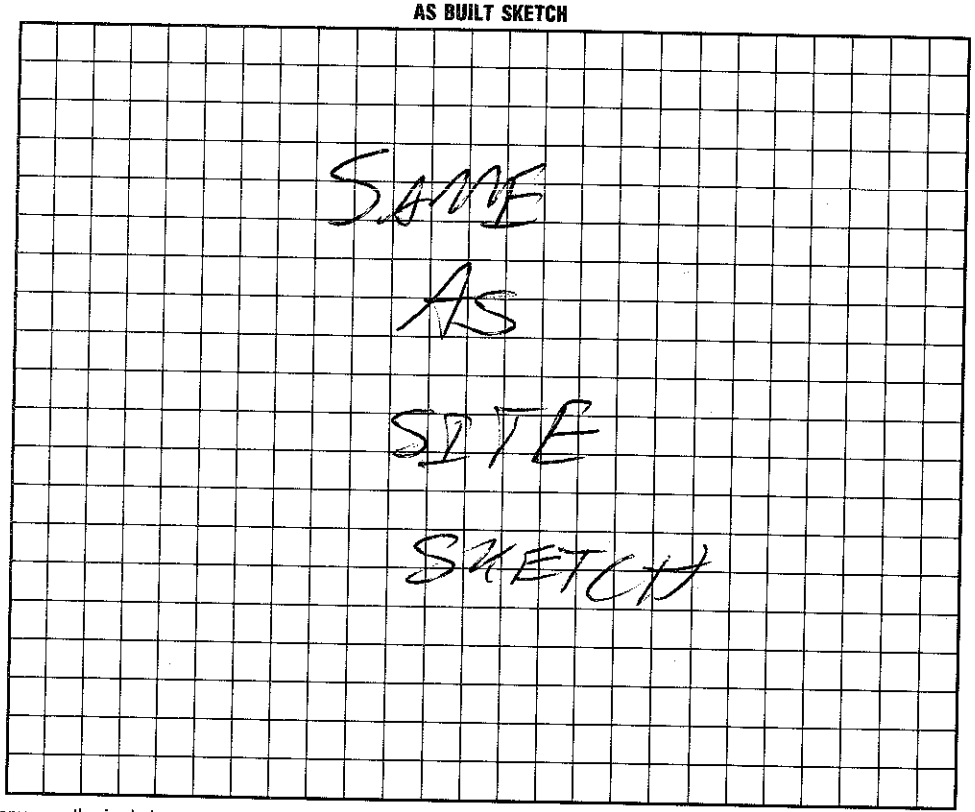
WELL OR HOUSE NOT INSTALLED AT TIME OF INSPECTION.

1" = 50'

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: _____ RS date 2-4-97

~~Existing System Inspection~~ CONSTRUCTION AUTHORIZATION by: _____ RS date 2-4-97

Installed by: C & M ENTERPRISES

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date 2/20/97

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