4659174391

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. 24920 DATE Feb 4, 97 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 to Sailwinds to Regatta on left - corner lot

SUBDIVISION Windward Pt. BLOCK / SECTION _____ LOT 71 LOT AREA .05 Ac SITE CLASS: Spec. 1996 DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 821 (Mull) Date 1-7-97

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

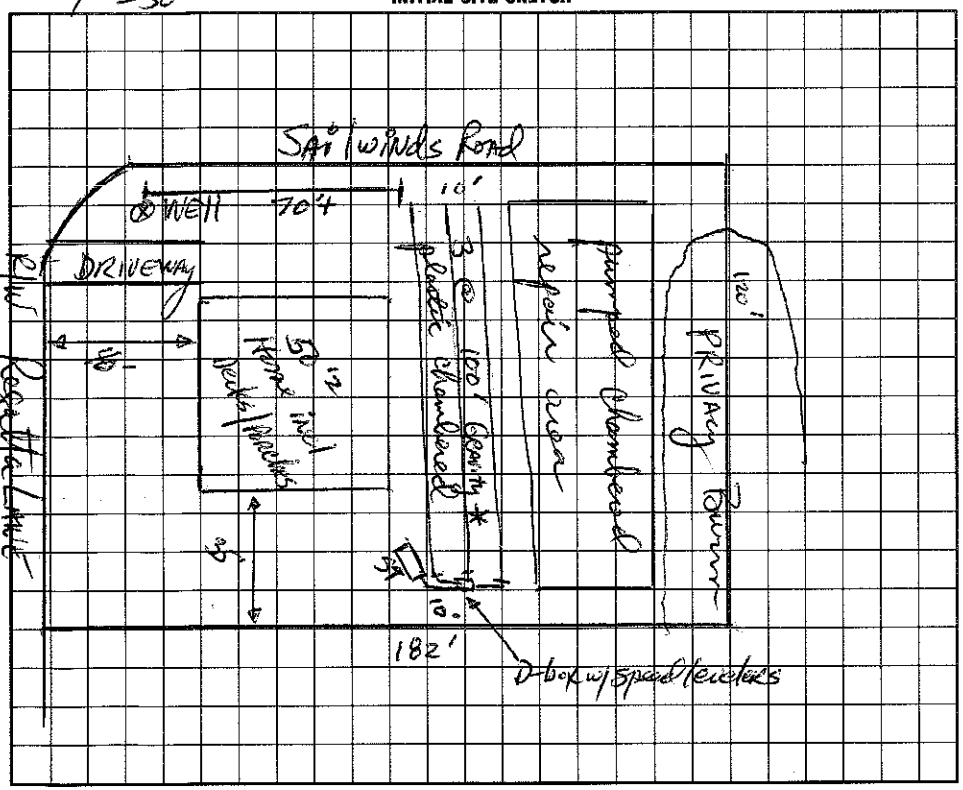
Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: * Plumbing must exit at grade in order to avoid pump.

Comments: Installed as shown. Well not drilled as of this date. Mobile home not onsite.

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

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

AUTHORIZATION

Installed by: Ed M Enterprises

Certificate of Completion by: _____ date _____

Operation Permit by: _____ RS date 2-19-97

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