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. 24922 DATE Feb-4-'97 TAX MAP NO. part of 4EA12 4659 176283 Watershed: ☑ Yes ☐ No

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

ADDRESS 13420 Reese Blvd W. Huntersville 28078

LOCATION 115-21 N TL Saltwinds TL Key West Ln. 2nd lot on Right

SUBDIVISION Windward Pt. BLOCK / SECTION _____ LOT 73 LOT AREA 1.05 Ac SITE CLASS. B Spec. 1956 DESIGN FLOW 360 gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 621 Date 1/14/97

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: / Same

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

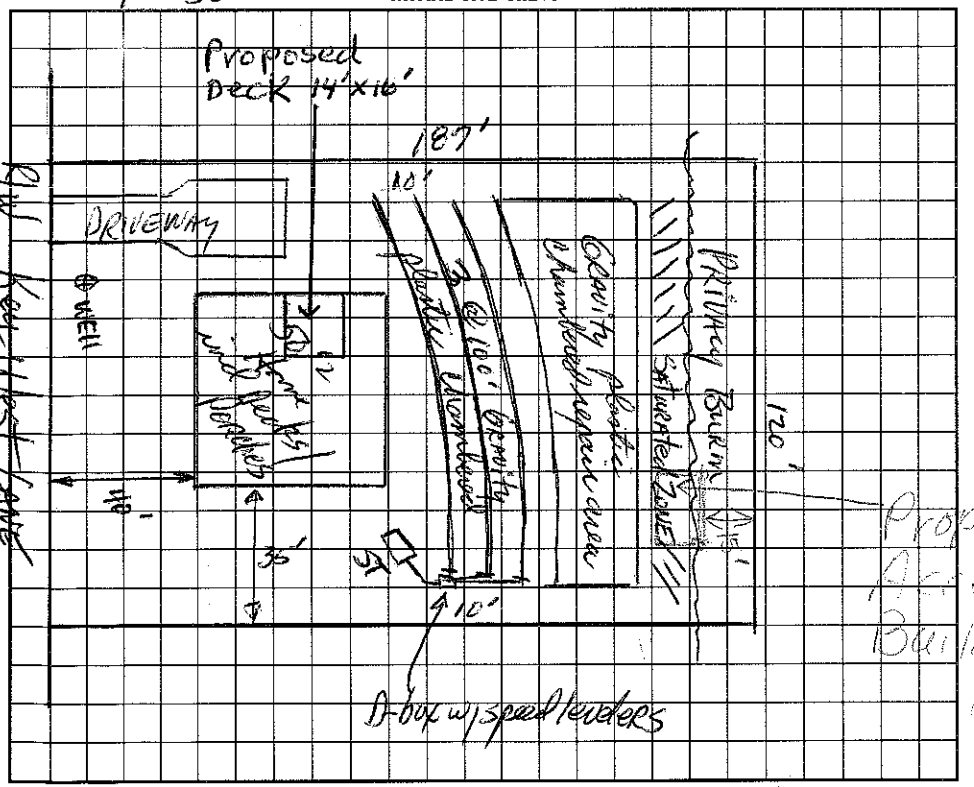
Water Supply: ☑ Individual ☐ Community ☐ Public

Comments:

Comments: HOUSE OR WELL NOT LOCATED AT TIME OF INSPECTION.

1"=50'

INITIAL SITE SKETCH



AS BUILT SKETCH

SAME AS SITE SKETCH

The proposed / existing Deck addition does not appear to impact the existing septic system.

**NOTE: Shall be min. 5' from septic system

R.S.

Date: 11-29-12

ICHD-Environmental Health Division

See Attached Approval 3-19-13

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: 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

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. 24922 DATE Feb 4, '97 TAX MAP NO. part of 4EA12 4659 17 6283 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Leavitt Nev. Co. PHONE: Business _____ Home _____

ADDRESS 13420 Reese Blvd W. Huntersville 28078

LOCATION 115-21 N TL Saltwinds TL Key West Ln. 2nd lot on Right

SUBDIVISION Windward Pt. BLOCK / SECTION _____ LOT 73 LOT AREA 1.05 Ac SITE CLASS. PS prev. 1956 DESIGN FLOW 360gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 621 Date 1/14/97

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: Same

Maintenance Agreement Required: ☐ Yes ☑ No

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

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

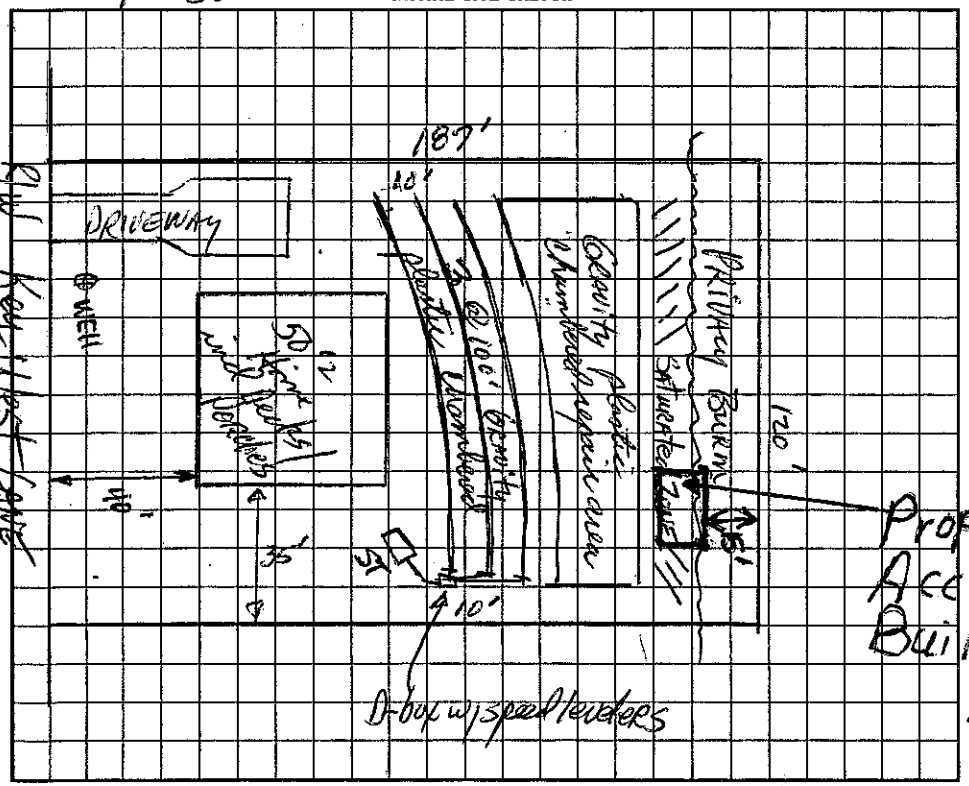
Water Supply: ☑ Individual ☐ Community ☐ Public

Comments:

Comments: HOUSE OR WELL NOT LOCATED AT TIME OF INSPECTION.

1"=50'

INITIAL SITE SKETCH



AS BUILT SKETCH

SAME AS SITE SKETCH

ICHD-Environmental Health Division

The proposed / existing Accessory Building addition does not appear to impact the existing septic system.

**NOTE: Shall be placed 5' from Repair Area

Cindy Melville R.S.

Date: 3-9-12

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 by~~ Construction Authorization: _____ 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