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. 17824 DATE April 13, '94 TAX MAP NO. 2677A307 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Jon Figorian PHONE: Business 664-3400 Home

ADDRESS 8460 Kevin Circle Statesville Ford, N.C. 4636-50-6971

LOCATION 1100 ft 112 TR Bluewing TL Driftwood ~200' on left

SUBDIVISION Cumberlen BLOCK / SECTION II LOT 307 LOT AREA 70'X143' SITE CLASS Bpn 1956 DESIGN FLOW 360 gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 1012 TP Date 7-7-94

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No. Fields 1 Square Feet _____ Linear Feet 200

No. Lines 4-5 Trench Width 24" Max Trench Bottom Depth 30" Gravel Depth _____

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

System Description: gravity PPBPS

Repair System Description: grav BR LP PPBPS

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

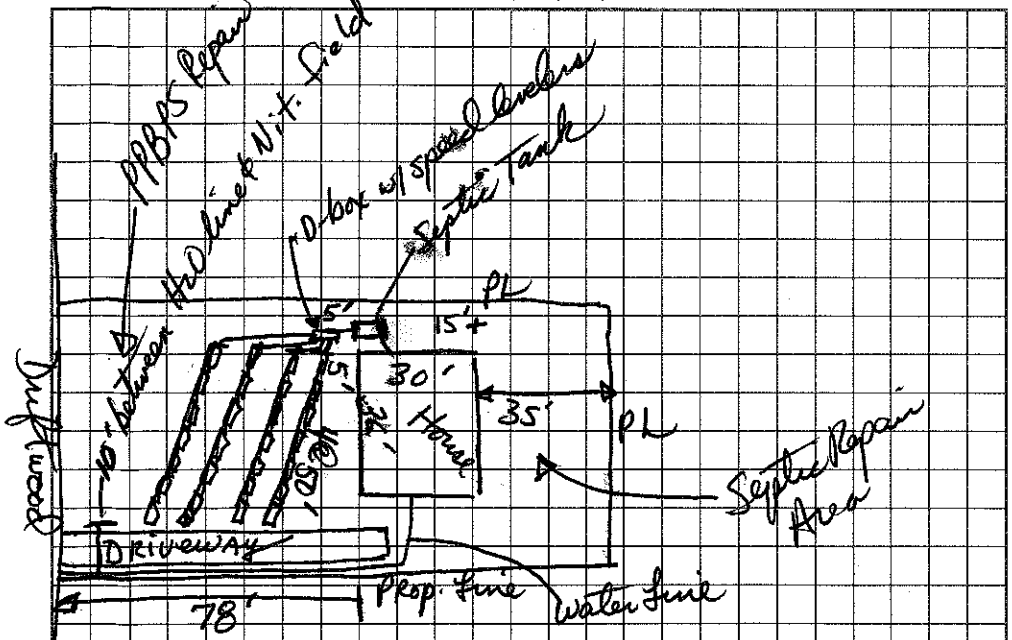
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Community ☐ Public

Comments:

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed by Kenny Pearson

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: _____ date 4/13/94

Existing System Inspection by: _____ date _____

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date 9-19-94

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