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. 16811 DATE Sept. 8, '93 TAX MAP NO. 2 67A 302 /

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

ADDRESS RT 7, Box 719, Mooresville, NC 4636-51-74666

LOCATION 1100 Tf Rd 2 TR Blueswing TR Driftwood 2nd lot on right

SUBDIVISION Commodore Peninsula BLOCK / SECTION II LOT 302 LOT AREA ~10,000 ft² (1) SITE CLASS 5 per 1956 L.T.A.R. .125 gal/ft²/day

Water Supply: ☐ Individual ☑ Community ☐ Public

Septic Tank: 1000 Gallons; STB 825 Date 10-24-93

Pump Tank: _____ Gallons; PT _____ Date _____

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 160

No Lines 4 Trench Width 24" Trench Depth 30" Gravel Depth NA

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

System Description: gravity PPBPS

Repair System Description: 1 LPP

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 2 Garbage Disposal: ☐ Yes ☑ No

☐ Mobile Home No. Bathrooms 2 Auto. Dishwasher: ☑ Yes ☐ No

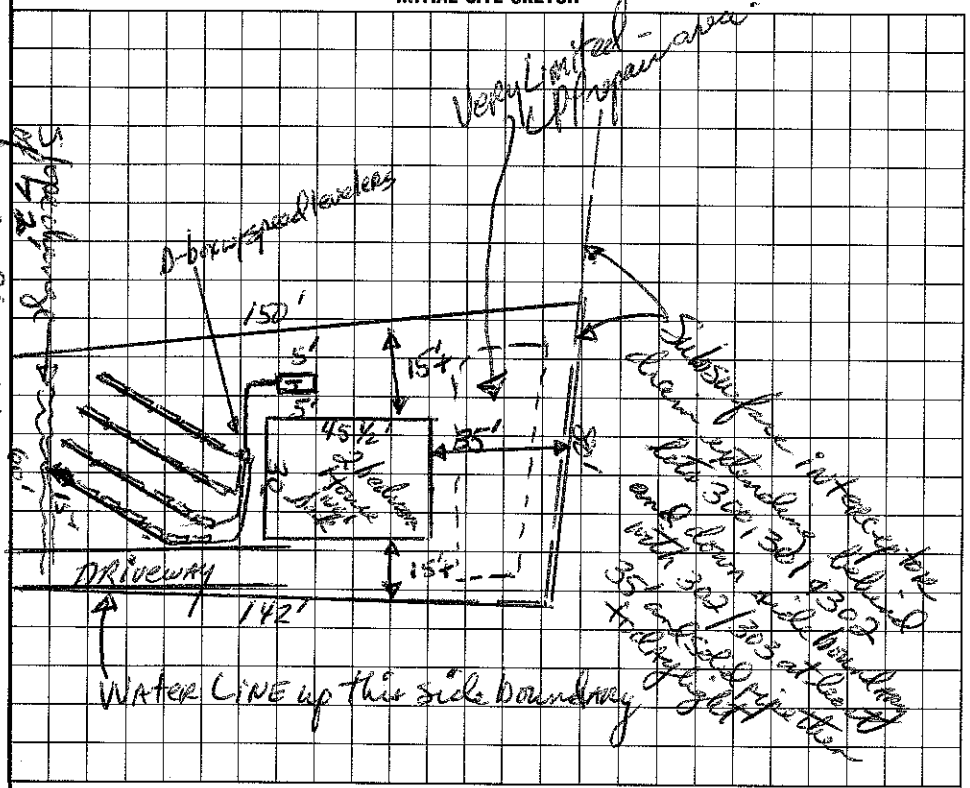
☐ Business No. Employees _____ Auto. Washing Machine: ☑ Yes ☐ No

☐ Other _____ Other _____

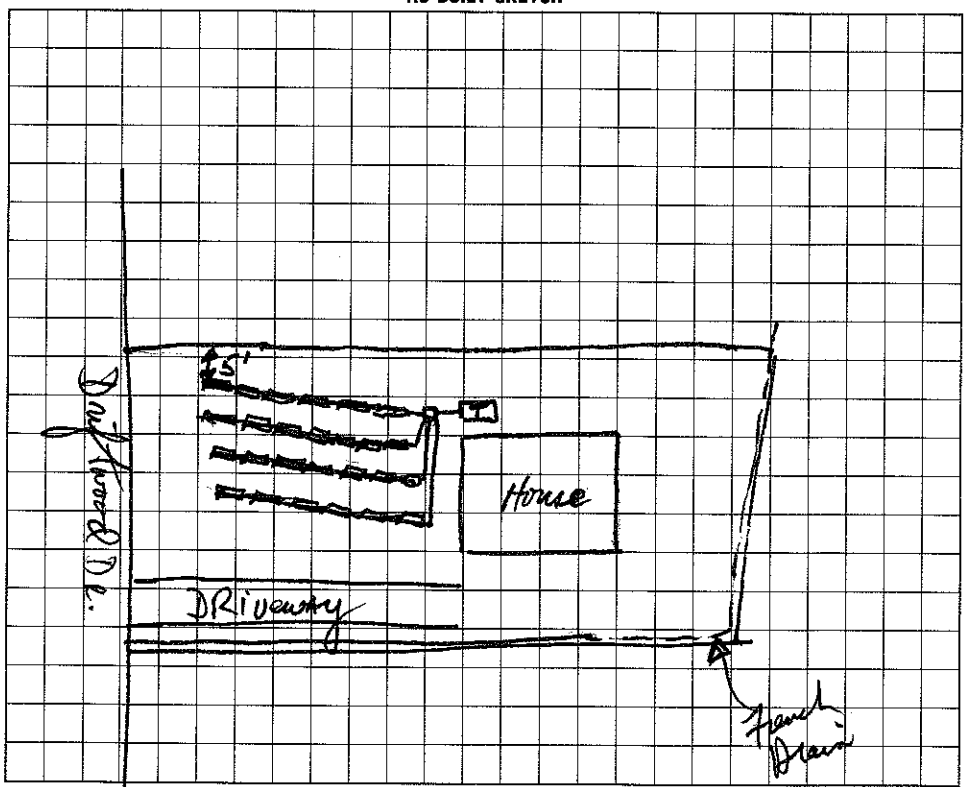
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments Deed agreement required for subsurface drain extending behind lots 300, 301 & 302 prior to issuance of O.P. Do not cut driveway due to increase in setback requirements. Lot recorded prior to July 1, '77.

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: _____ date Sept 9, '93

Existing System Inspection by: _____ date _____

Installed by: Rowan Septic Tank

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date 12/7/93

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