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. 16813 DATE Sept. 9, '93 TAX MAP NO. 2670A 301

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

ADDRESS Rt 7, Box 719, Mooresville 4636-51-7389

LOCATION 1100 ft. N/E of TR Bluewing TR Driftwood 3rd lot on Rt.

SUBDIVISION Commodore Peninsula BLOCK / SECTION 4 LOT 301 LOT AREA ~10,000 +/- ft² SITE CLASS. PS pr 1956 L.T.A.R. .125 gal/ft²/day

Water Supply: ☐ Individual ☑ Community ☐ Public

Septic Tank: 1000 Gallons; STB 825 RST Date 11-1-93

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 N/K

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

System Description: gravity PPBPS

Repair System Description: LPP

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

Garbage Disposal: ☐ Yes ☑ No

Auto. Dishwasher: ☑ Yes ☐ No

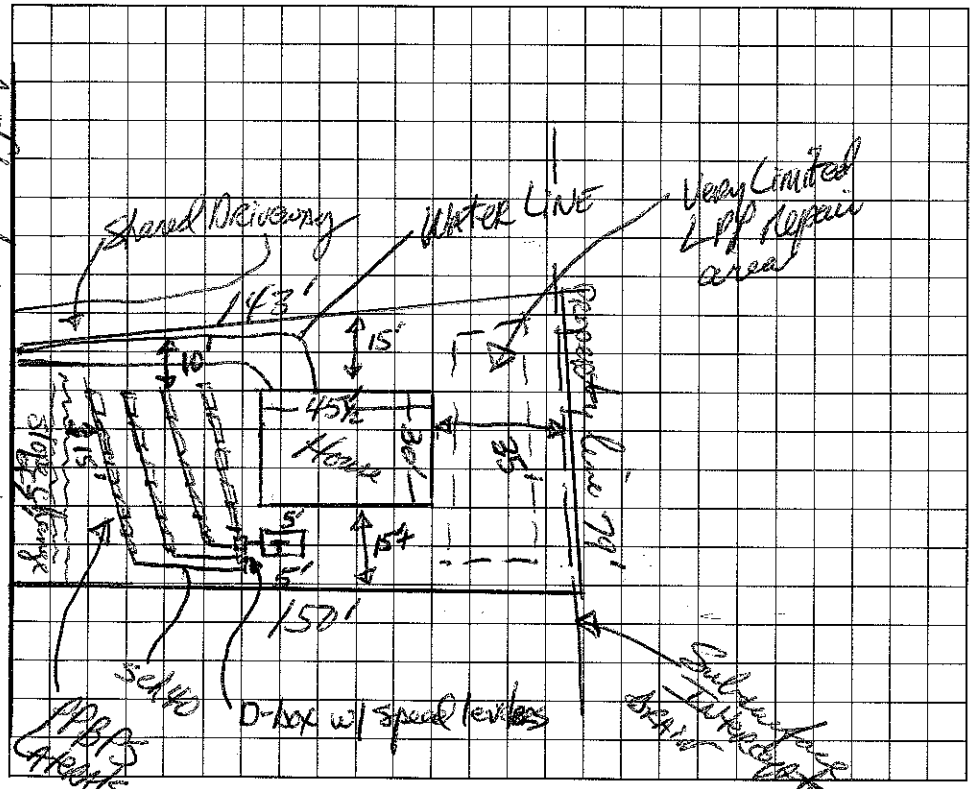
Auto. Washing Machine: ☑ Yes ☐ No

Other _____

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

Comments Need agreement required for subsurface drain extending behind Lots 300, 301 & 302 prior to issuance of CP. Do not cut driveway due to increase in setback requirements. ① 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: X

Improvement Permit by: Jon Grigorian Jerry R. Hanson RS date Sept 9, '93

Existing System Inspection by: _____ date _____

Installed by: Rowan Septic Tank

Certificate of Completion by: _____ date _____

Operation Permit by: Jerry R. Hanson RS date 12/6/93

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