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. 16812 DATE Sept 9, 93 TAX MAP NO. 2617A300

OWNER OR CONTRACTOR Jim Grigorian PHONE: Business 664-3402 Home

ADDRESS RT 7, Box 719 Mooresville 4636-51-7466

LOCATION 140 to 112 TR Blueing TR Driftwood 4th lot on Right

SUBDIVISION Commodore Peninsula BLOCK / SECTION A LOT 300 LOT AREA 10,100 sq ft (1) SITE CLASS. B per 1986 L.T.A.R. .25 gal/sq ft/day

Water Supply: ☐ Individual ☑ Community ☐ Public

Septic Tank: 1000 Gallons; STB 55 ccc Date 9-4-94

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/A

☑ 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 _____

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

Garbage Disposal: ☐ Yes ☑ No

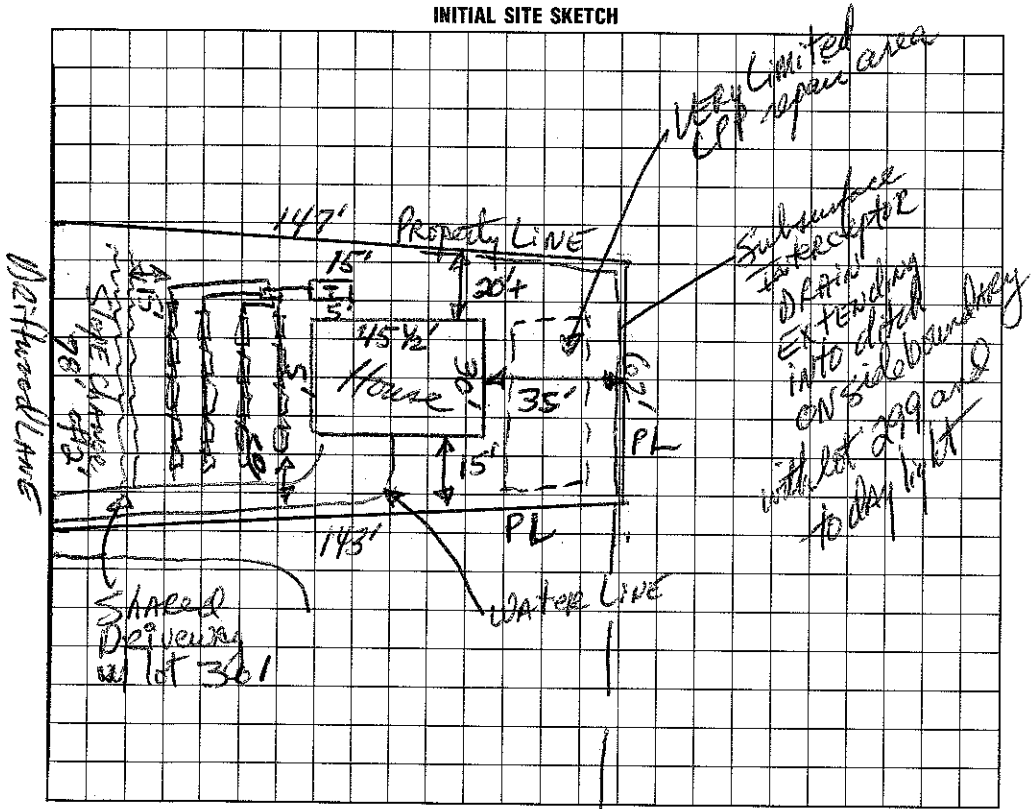
Auto. Dishwasher: ☑ Yes ☐ No

Auto. Washing Machine: ☑ Yes ☐ No

Other _____

Comments Need agreement required for subsurface drain extending behind Lots 309, 310 & 302 prior to issuance of O.P. Do not cut driveway close 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: _____

Improvement Permit by: [signature], RS date Sept 9 93

Existing System Inspection by: _____ date _____

Installed by: Albert Kennedy

Certificate of Completion by: _____ date _____

Operation Permit by: [signature], RS date 12/2/94

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