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IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

12636-203

PROPERTY DESCRIPTION NO. 17063 DATE SEPTEMBER 23, 1993 TAX MAP NO. 2P-14-A

OWNER OR CONTRACTOR Valerie Scott (Jon Grigorian agent) PHONE: Business _____ Home 542-5557

ADDRESS ~~12636~~ Sabal Park, Charlotte NC 28134

LOCATION ON RT OF SR 1221 ~3/4 mi W OF SR 1180

SUBDIVISION Whippoorwill Woods BLOCK / SECTION - LOT 48 LOT AREA - SITE CLASS. P L.T.A.R. 0.25

Water Supply: ☒ Individual ☐ Community ☐ Public

Septic Tank: 1000 Gallons; STB 794 Date 4/9/98

Pump Tank: NA Gallons; PT _____ Date _____

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480

No Lines 8 Trench Width 36" Trench Depth 24" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, (II) II, IV, V, VI

System Description: gravity conventional

Repair System Description: grav, conv.

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2½

☐ Business No. Employees _____

☐ Other _____

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

Garbage Disposal: ☐ Yes ☒ No

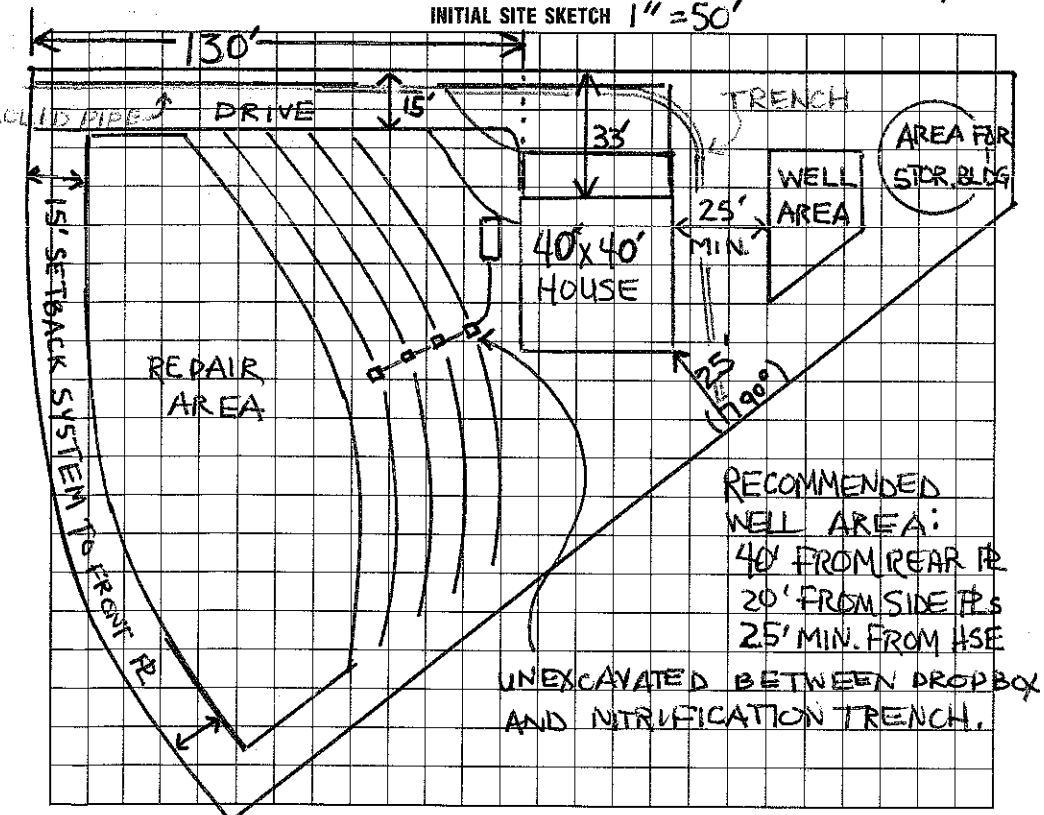
Auto. Dishwasher: ☒ Yes ☐ No

Auto. Washing Machine: ☒ Yes ☐ No

Other _____

Comments DO NOT INSTALL DURING WET SOIL CONDITIONS OR RAIN. SUBSURFACE DRAIN UP SLOPE IS DIAGRAMMED 0-24 TO 30" DITCH-BOTTOM 1' WIDE-GRAVEL DEPTH 12-TO 18"-sleeved slotted drain pipe in graveled trench & solid pipe from end of trench to road. Drain all downspouts to this trench-cutter front slope of roof-grade ground surface to drain away from hse to trench. at rear of hse

INITIAL SITE SKETCH 1" = 50'



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: Andrea Lemon date 9-23-93

Existing System Inspection by: _____ date 3/9/98

Installed by: REID EUDY

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date 7/22/93

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