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. 17991 DATE Oct. 10, 194 TAX MAP NO. 2P14A52 4637036 0602 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Jon Gregorian PHONE: Business _____ Home _____

ADDRESS PO Box 44, Sherrills Ford, N.C.

LOCATION 150 W TR Bobbie Rd TR Whippoorwill Rd. on Rt. at end

SUBDIVISION Whippoorwill Woods BLOCK / SECTION _____ LOT 521 LOT AREA 3/4 ac + SITE CLASS. A5 DESIGN FLOW 240 gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 55 CCC Date 1-14-95

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 2 Square Feet 800 Linear Feet 267'

No Lines 2+3 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

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

System Description: gravity conventional

Repair System Description: same

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

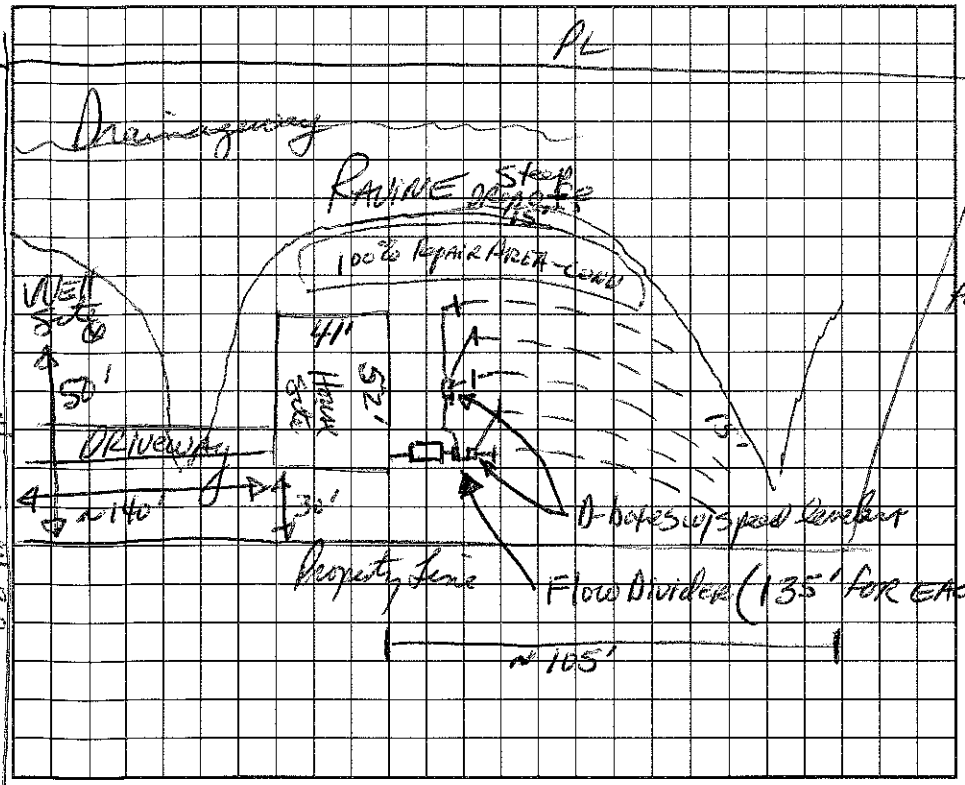
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

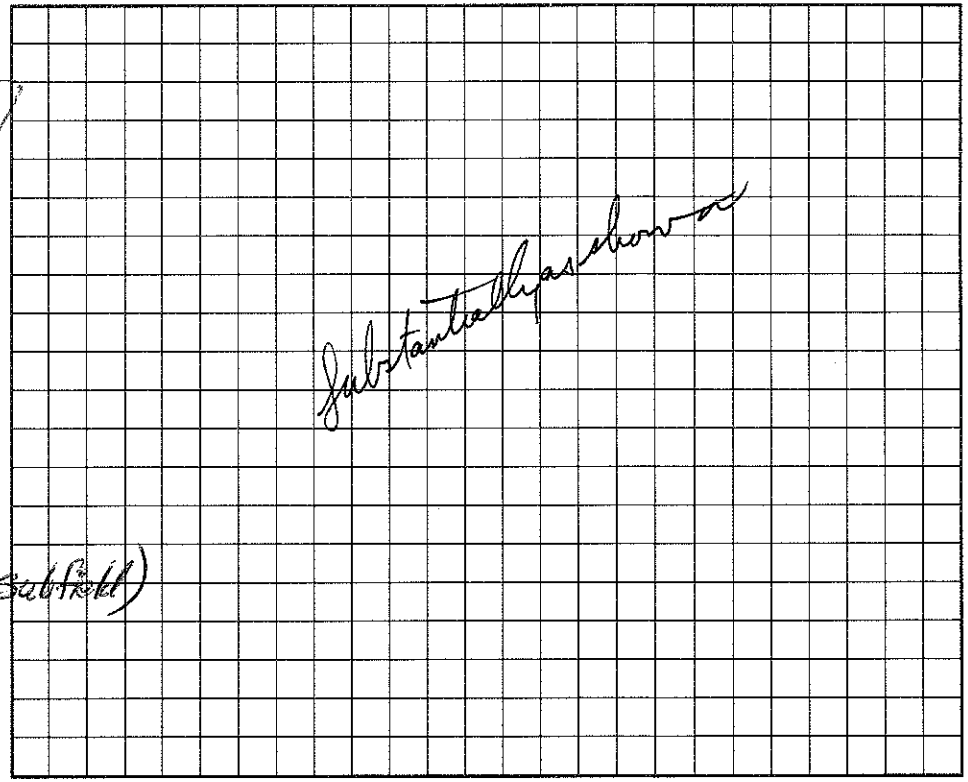
Comments: follow contour w/ laterals. Exit plumbing at existing grade where shown. Keep Trees by shelter.

Comments: Total footage approx 30' short due to starting 10' plus # home foundation.

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 10/10/94

Existing System Inspection by: _____ date _____

Installed by: Catawba Septic TKCo.

Certificate of Completion by: _____ date 3/17/95

Operation Permit by: _____ date _____

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