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. 17682 DATE Jan. 13, '94 TAX MAP NO. 2F14A12 4637454646 Watershed: ☑ Yes ☐ No L.N.

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

ADDRESS PO Box 363 Terrell, N.C. 28682

LOCATION 150 W. TL Doolie Rd. TR Whippoorwill Rd. TR Kingfisher 4th on right

SUBDIVISION Whippoorwill Woods BLOCK / SECTION LOT 12 LOT AREA 25,000 ft² SITE CLASS PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794-Dellinger Date 3-4-94

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field/ No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: gravity conventional

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees

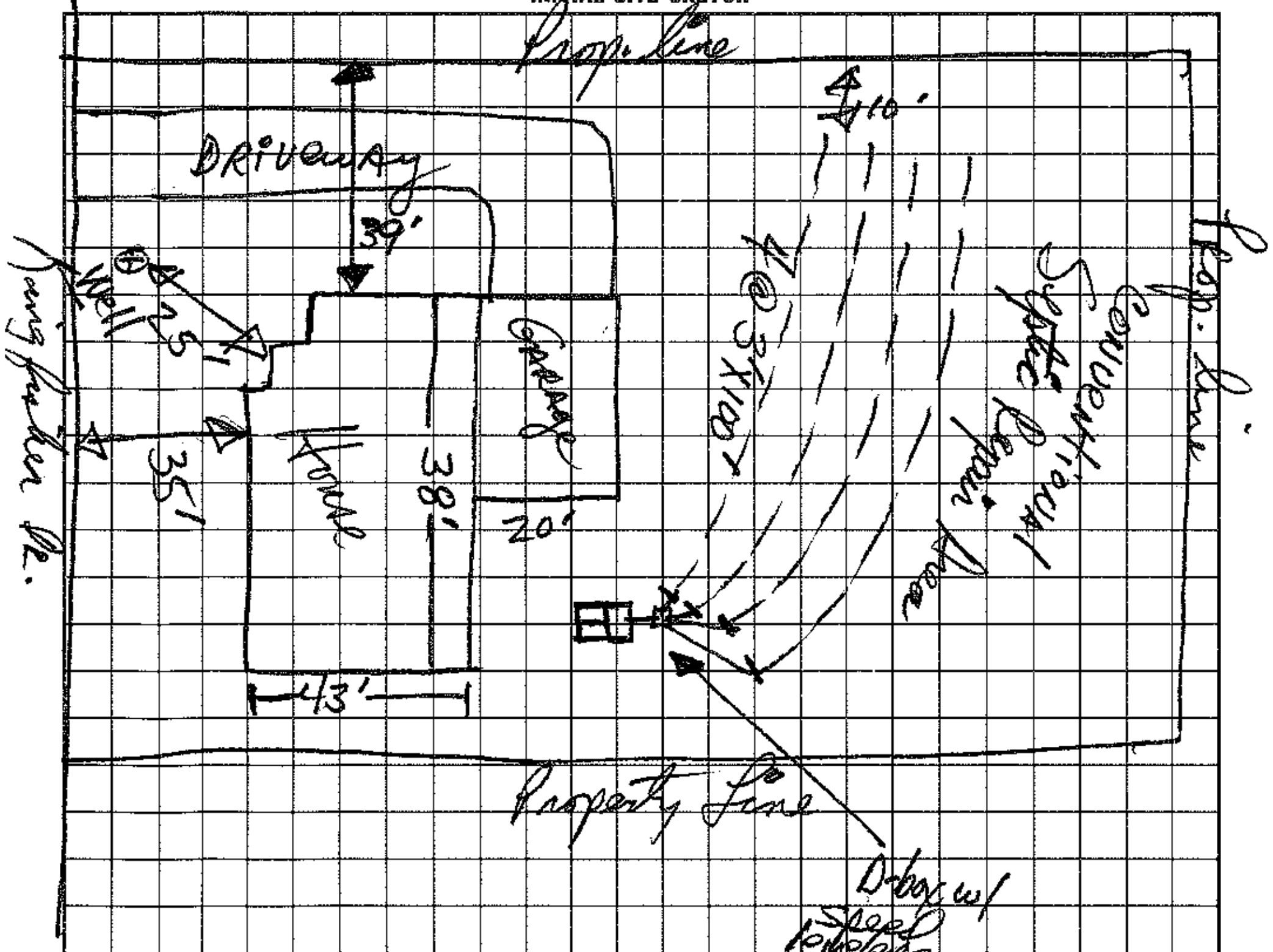
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

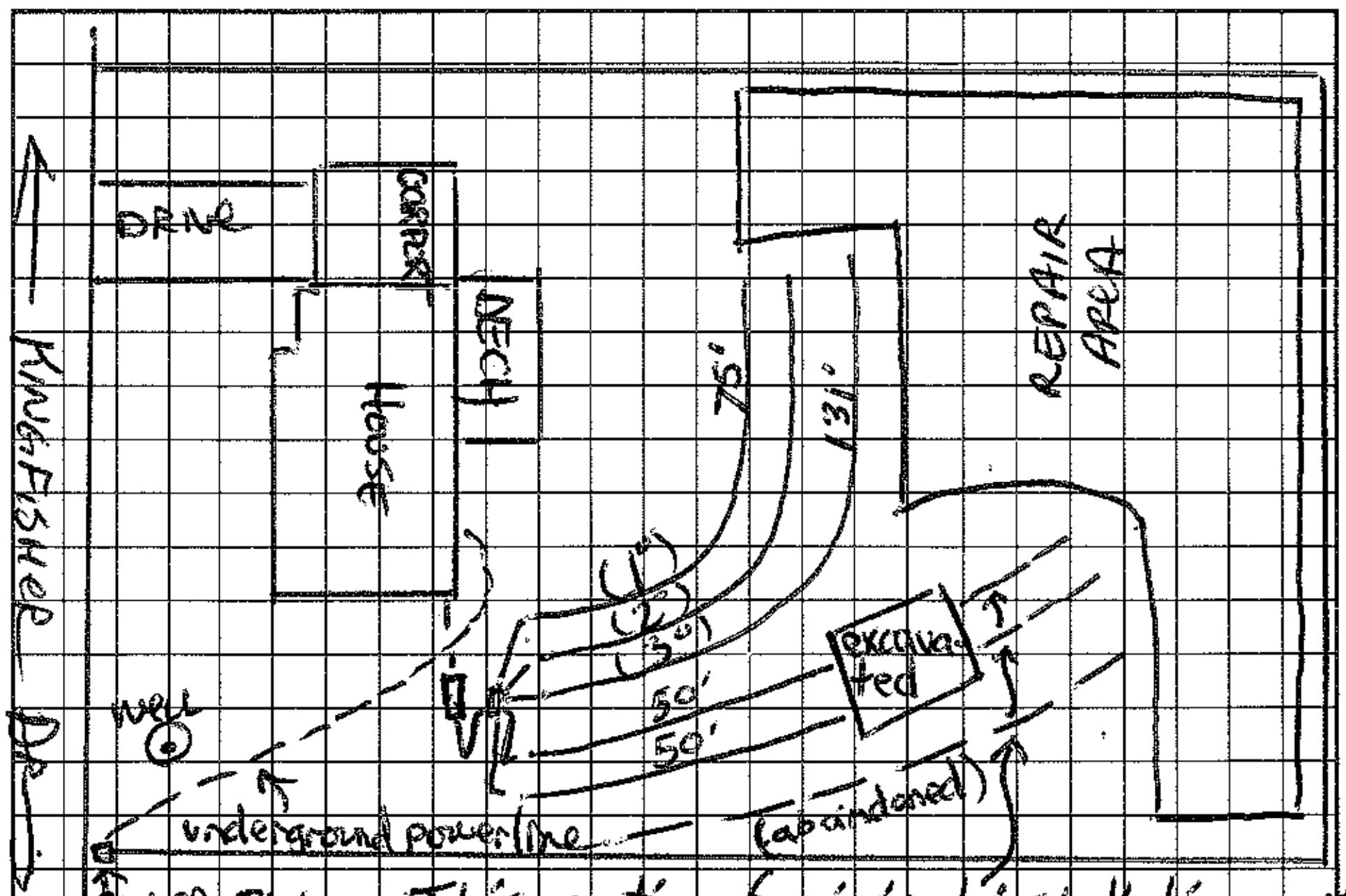
Comments:

Comments: First inspection by David Hinson-only 100' of total 400' installed accepted. As built sketch shows corrections instructed by D.H.

INITIAL SITE SKETCH



AS BUILT SKETCH



This portion of original installation not accepted - too deep, too shallow, too close to PL. Replaced by three laterals shown. D. box set to feed 3°, 1°, 2° then the two 50' laterals of original field. Excavated area to be packed with clay, and pipes cut so as not to extend.

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: Walter L. Barton

Improvement Permit by: David R. Hinson, RS date 1/13/94

Existing System Inspection by: date

Installed by: Walter Barton

Certificate of Completion by: Andrea Lenon date 6-3-94

Operation Permit by: date

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