# 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. 17974 DATE Oct 17, 194 TAX MAP NO. 2P14A9 4637455288 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Jon Figorian PHONE: Business 664-3400 Home LN

ADDRESS PO Box 44, Shepherds Ford NC

LOCATION 150 W TR Poplin Rd. 4R Whippoorwill on Rt at jct w/ Kingfisher

SUBDIVISION Whippoorwill Woods BLOCK / SECTION ____ LOT 9 LOT AREA ____ SITE CLASS B DESIGN FLOW 360 gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 794 Date 11/4/96

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet ____ Linear Feet 200

No Lines 3-4 Trench Width 24" Max Trench Bottom Depth 28" Gravel Depth NA

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

System Description: gravity PPBPS

Repair System Description: LP PPBPS

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

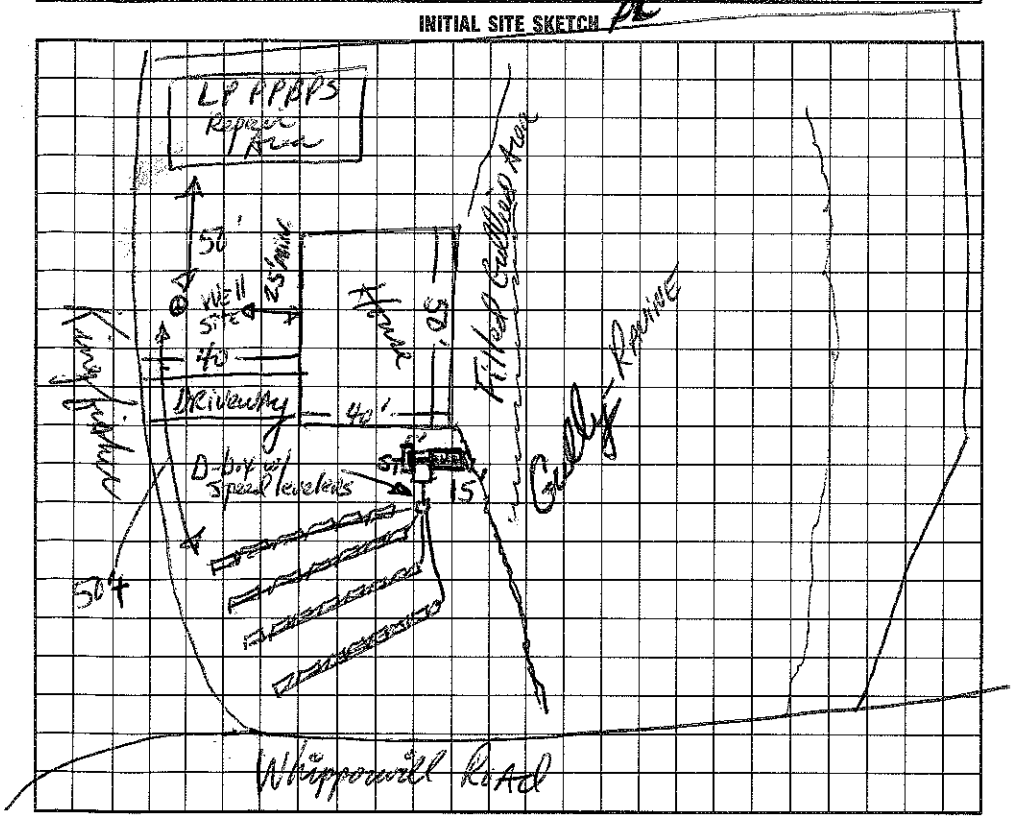
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☐ Public

Comments:

Comments:

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: Jesse R. Harris, RS date 10/17/94

Existing System Inspection by: ____ date ____

Installed by: MacLeod Const.

Certificate of Completion by: Wesley Sparks RS. date 4/4/97

Operation Permit by: Wesley Sparks RS date 4/4/97

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