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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

PROPERTY DESCRIPTION NO. 19830 DATE Dec 14, 94 TAX MAP NO. 2P14A 08 Watershed: ☑ Yes ☐ No WS II

OWNER OR CONTRACTOR Vincent Elliott PHONE: Business 478-5776 Home

ADDRESS PO Box 327, Terrell, NC 28682

LOCATION 150 W TR Poplar Rd. TR Whippoorwill Rd. ~800' on Right

SUBDIVISION Whippoorwill Woods BLOCK / SECTION LOT 8 LOT AREA .8 Ac SITE CLASS. Sp 1956 DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB C&C 901 Date 5-2-95
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No. Fields 1 Square Feet Linear Feet 200
No. Lines 6 Trench Width 24" Max Trench Bottom Depth ~30" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, (III) IV, V, VI
System Description: Gravity PPBPS
Repair System Description: Gravity LP PPBPS
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

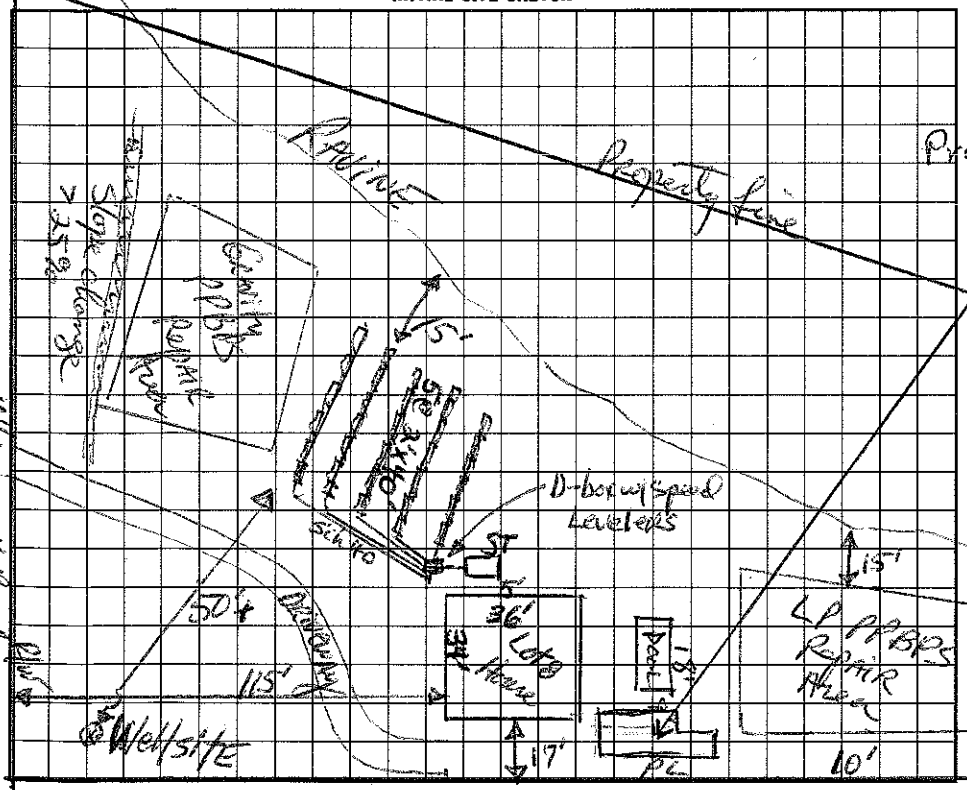
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: Laterals to follow contour. Maintain 15' from Ravine

Comments: Flow Divider set. 2 D boxes w/ 3 laterals @ 33' each used.

INITIAL SITE SKETCH



AS BUILT SKETCH

The proposed / existing Acc. Bldg & Garage addition does not appear to impact the existing septic system.
**NOTE:
Ansley Melville R.S.
Date: JULY 12, 2013
ICHD-Environmental Health Division

The proposed / existing Pool + DECK ADDITION addition does not appear to impact the existing septic system.
**NOTE:
Wesley Sparks R.S.
Date: 10/8/09
ICHD-Environmental Health Division

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] date 12/14/94

Existing System Inspection by: date

Installed by: Cline & Gilleland

Certificate of Completion by: date

Operation Permit by: [signature] date 7-14-95

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