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. 17982 DATE March 4, 95 TAX MAP NO. ~~2PHA 4,5,6~~ 4637-45-8922 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Jon Grigorian PHONE: Business _____ Home _____ WS IV

ADDRESS PO Box 744 Statesville Ford NC

LOCATION 150 W Fr Oodie Rd TR Whippoorwill ~ 509' on Right

SUBDIVISION Whippoorwill Woods I BLOCK / SECTION LOT (5) ~~4,5,6 COMBINED~~ LOT AREA ~ 3Ac total SITE CLASS. Span 1956, 57 DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: 1000 Gallons; PT _____ Date _____

Pump Make: GOULD Model RGS20 12 Serial No. _____

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

No Lines ~4 Trench Width 24" Max Trench Bottom Depth 30" Gravel Depth NA

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

System Description: LPP PPBPS lot 6

Repair System Description: LPP lot 4

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

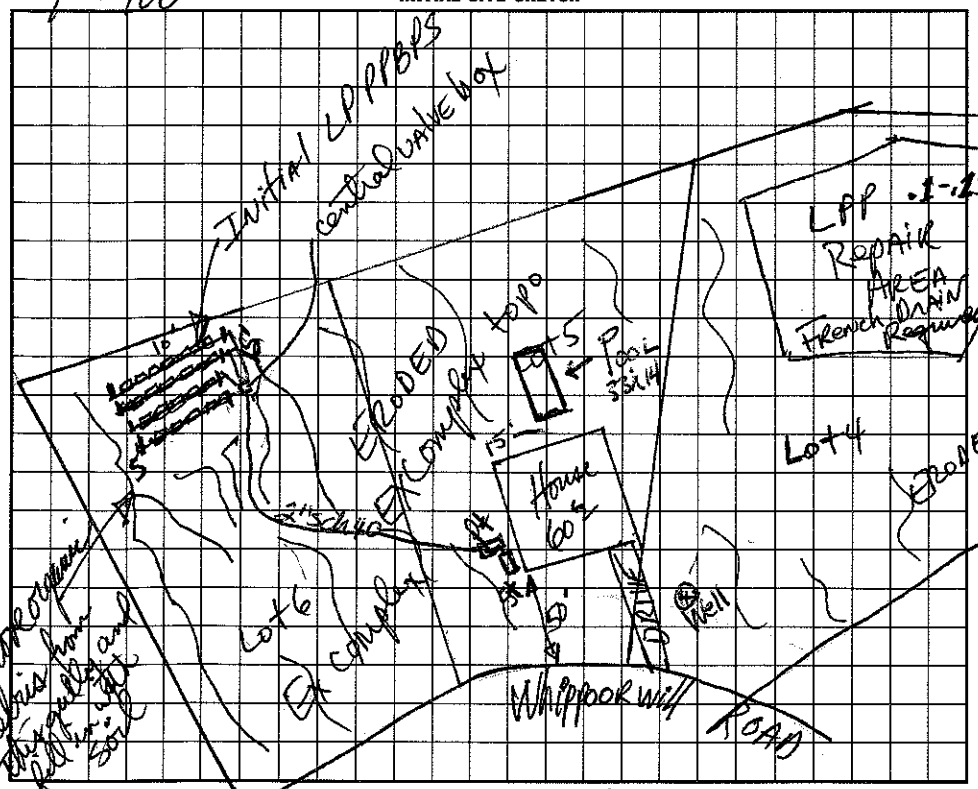
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: This site will require extensive grading and drainage modification for house site. Furthermore ex limited space for septic system due to complex topo and soil wetness / rhinecaology in repair area. III = 100

Comments: 9/6/95 House only 2 bedrooms - Mainfield footage can be reduced to 140'

INITIAL SITE SKETCH



AS BUILT SKETCH

The proposed / existing Pool 33X14 addition does not appear to impact the existing septic system.

**NOTE: _____ REHS

Date: 9-2-10

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: _____ Agent

Improvement Permit by: _____ date 3/4/95

Existing System Inspection by: _____ date _____

Installed by: Fingerlandscaping / Bill Ball

Certificate of Completion by: Wesley Sparks RS date 12/8/95

Operation Permit by: Wesley Sparks RS date 12/8/95

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