IREDELL COUNTY HEALTH DEPARTMENT

Authorization to Construct

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

4637564800

IMPROVEMENT PERMIT / ~~CERTIFICATE OF COMPLETION~~ / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 18190 DATE Feb 24 '95 TAX MAP NO. part of 2 PC 15 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Genesis Dev. Ltd. / Jon Guigneau PHONE: Business _____ Home _____ WSIV

ADDRESS PO Box 363 Terrell

LOCATION 1150 W Tb Doolie Road on Right past Shepherd Vol. ~~Fire~~ Dept.

SUBDIVISION Whippoorwill Woods BLOCK / SECTION 2 LOT 3 LOT AREA 30,000±ft² SITE CLASS. 15 DESIGN FLOW 450 gpd L.T.A.R. .03

Septic Tank: 1500 Gallons; STB 1014 Date 6/20/96

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1620 Linear Feet 540

No Lines 5 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: Mod Conv or Alt

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

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

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: laterals to follow contour and extend into transmission line right of way per Duke Power Co. written permission (attached). 100' separation req. between septic systems and multi family residential wells.

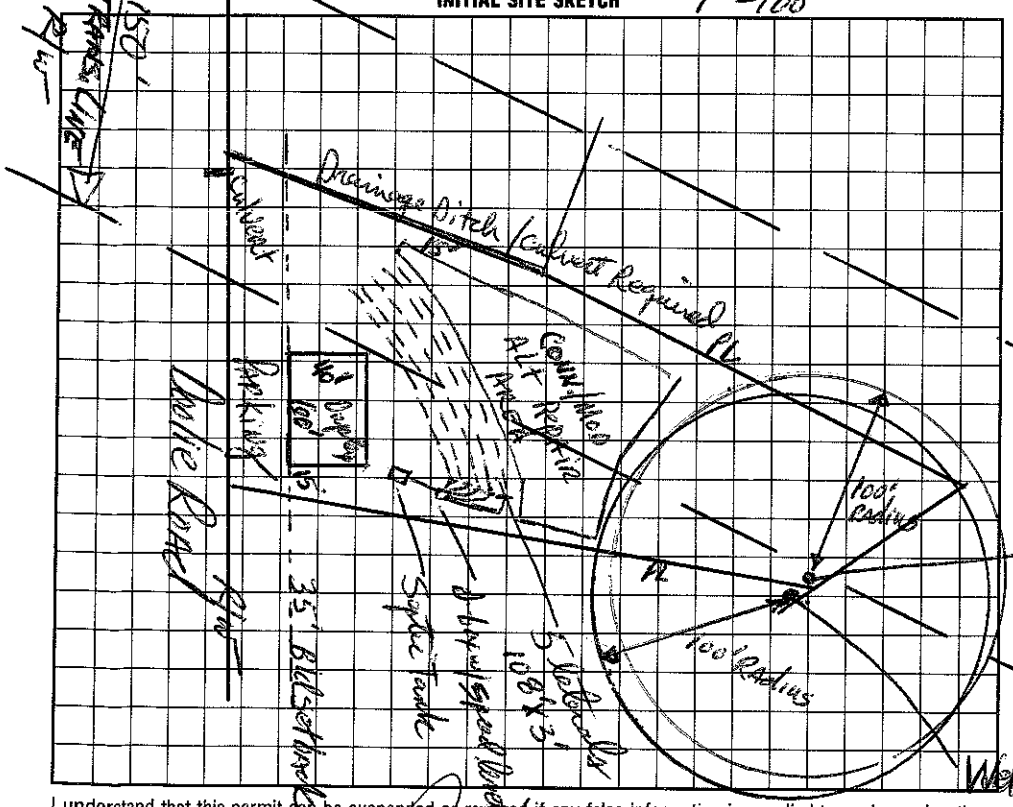
Comments:

DEVELOPER

PERMIT

INITIAL SITE SKETCH

1" = 100'



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: _____ Agent

Improvement Permit by: _____ RS date 2/24/95

Existing system inspection by: _____ RS. date _____

Installed by: Wayne County.

Certificate of Completion by: _____ date _____

Operation Permit by: _____ RS. date 9/9/96

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