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. 18188 DATE Feb 20, 95 TAX MAP NO. part of 2PC15 4637574067 Watershed: ☑ Yes ☐ No WS IV

OWNER OR CONTRACTOR Genesis Dev Ltd / Jon Krigsman PHONE: Business _____ Home _____

ADDRESS PO Box 363 Terrell NC

LOCATION 150 W TL Oodie Rd on Right 1st lot past Shepherd Vol. FIRE Dept.

SUBDIVISION Whippoorwill Woods BLOCK / SECTION 2 LOT 1 LOT AREA 30,640 SF SITE CLASS. PS per 1996 DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1500 Gallons; STB 1011 Date 10/27/96

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 533

No Lines 4 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

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

System Description: gravity conventional

Repair System Description: gravity pumped mod/ALT

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☑ Other Duplex Apt

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

Water Supply: ☑ Individual ☐ Community ☐ Public

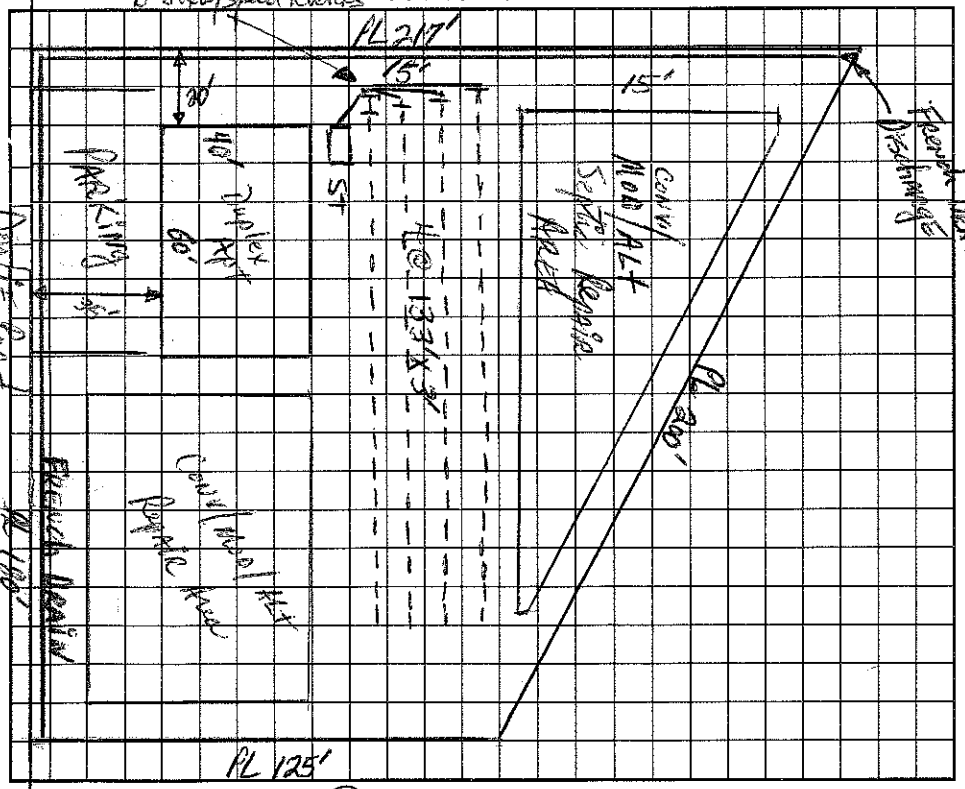
Comments: Laterals to follow contour. Well site at rear of lot 3, this well is proposed to serve lots (1,2,3)

1"=50'

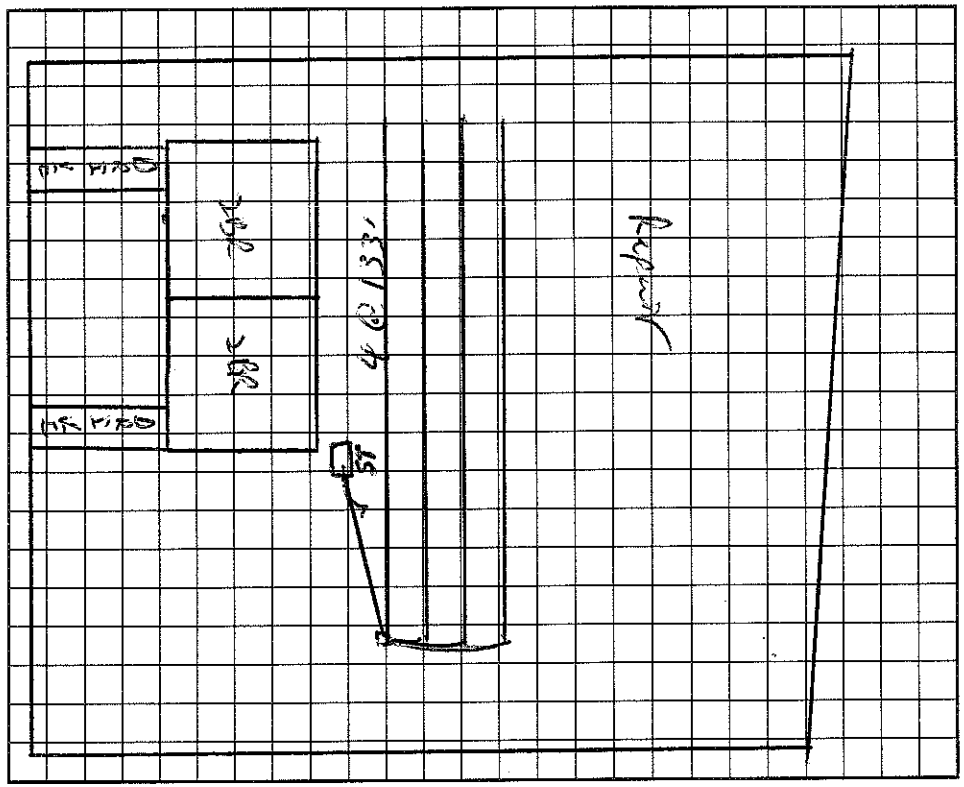
Comments: DEVELOPER TANKS - DIST - LINES CHECKED 4/2/97

PERMIT OPPOSITE SIDE OF DUPLEX

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: _____ Agent

Improvement Permit by: _____ date 2/20/95

Existing System Inspection by: _____ date 11/12/96

Installed by: RICHARD ABERNATHY

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date 4/10/97

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