IREDELL COUNTY HEALTH DEPARTMENT

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

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

4645234367

PROPERTY DESCRIPTION NO. 17945 DATE March 18, 194 TAX MAP NO. 2G12#C 13

OWNER OR CONTRACTOR Victor Pisauro PHONE: Business Home 871-2797

ADDRESS 606 C-1 Foxcroft, Statesville Watershed: ☑ Yes ☐ No

LOCATION 115 S. TR 1102 / X I77 TR Yeoman Shores TR Bain Lane 1st mile on right L.N.

SUBDIVISION Yeoman Shores BLOCK / SECTION LOT 13 LOT AREA 101 x 230 SITE CLASS P5 DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 RST Date 3-24-94

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: gravity conventional

Repair System Description: pumped conv. OR PPBPS

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2½ No. Employees

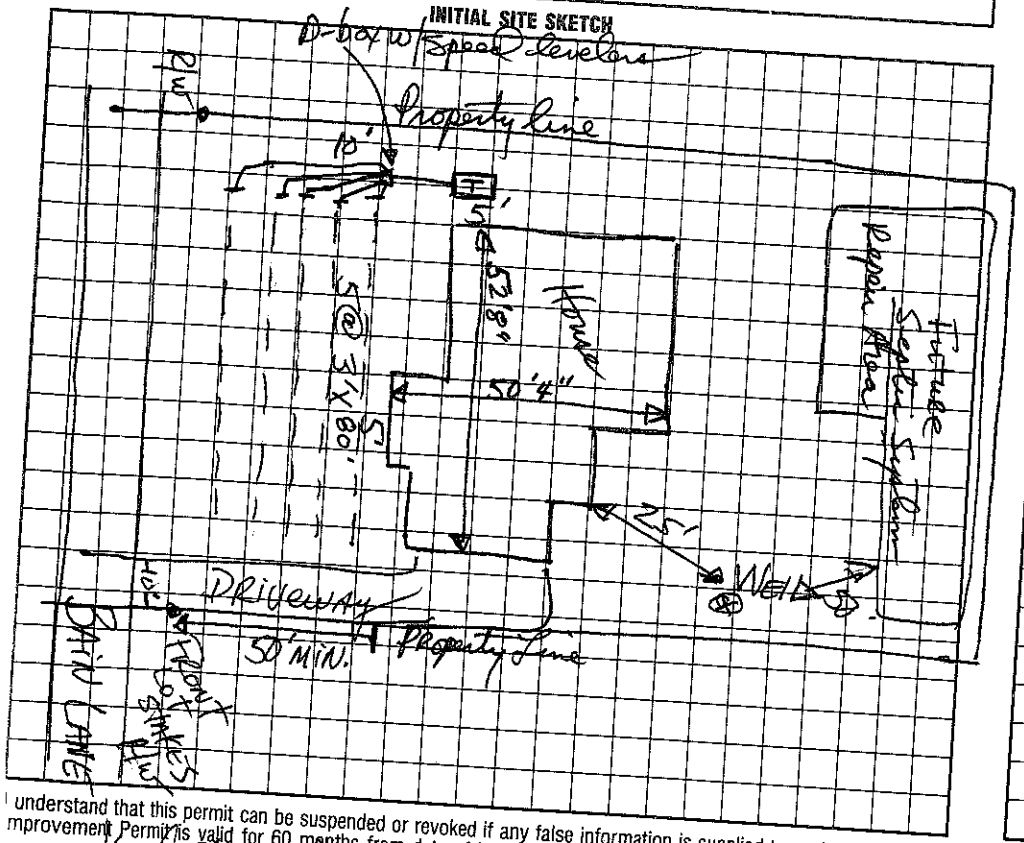
☑ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

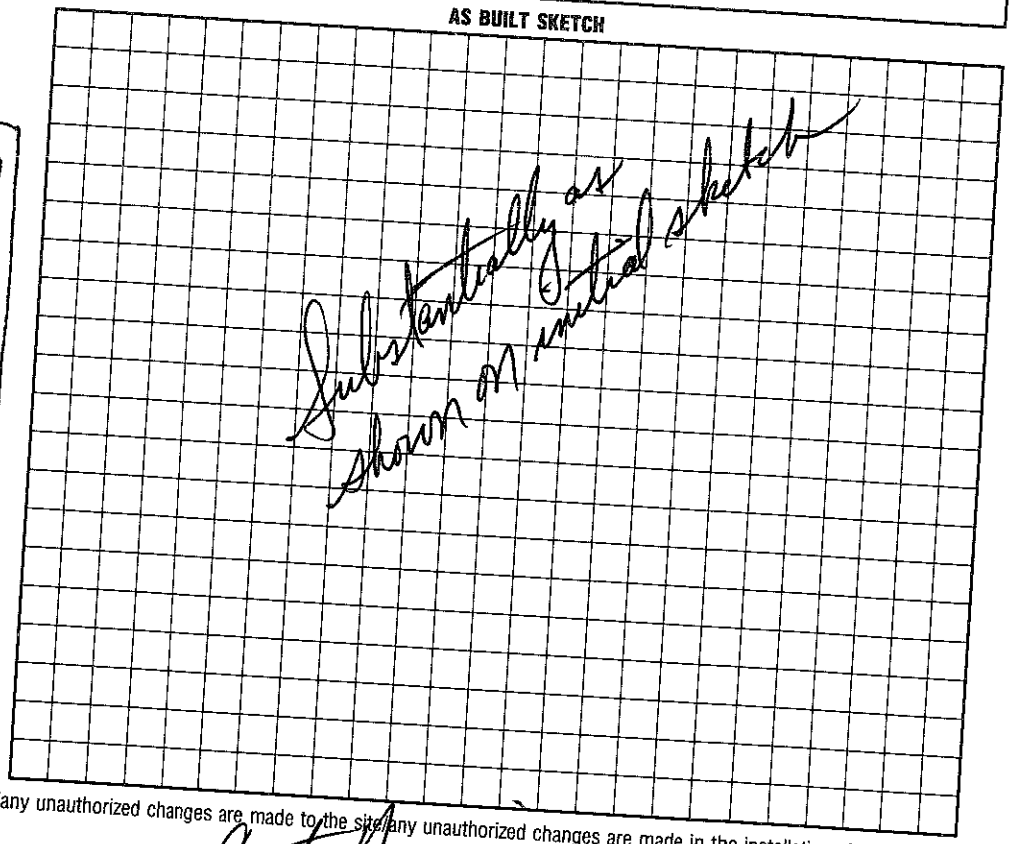
Comments: Exit plumbing at or near (-16") existing grade.

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: Victor Pisauro

Improvement Permit by: Jack R Henson, RS date 3/18/94

Existing System Inspection by: date

Installed by: Curt Manning

Certificate of Completion by:

Operation Permit by: Jack R Henson, RS date 8/9/94

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