IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 80818 PIN# 3785 79 4346 DATE 5-3-99

OWNER OR CONTRACTOR Laundra Renee Scott PHONE: Business 704 924 9393 Home

ADDRESS PO Box 366 Hiddenite

LOCATION Omar TL county line TL Jordan Crest 7th on rt

SUBDIVISION Victorias Landmark BLOCK / SECTION 2 LOT 29 LOT AREA .47acres SITE CLASS P3 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 744 Date 11-10-98
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, IV, V, VI
System Description: Conv. Gravity
Repair System Description: 25% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No Gravity

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

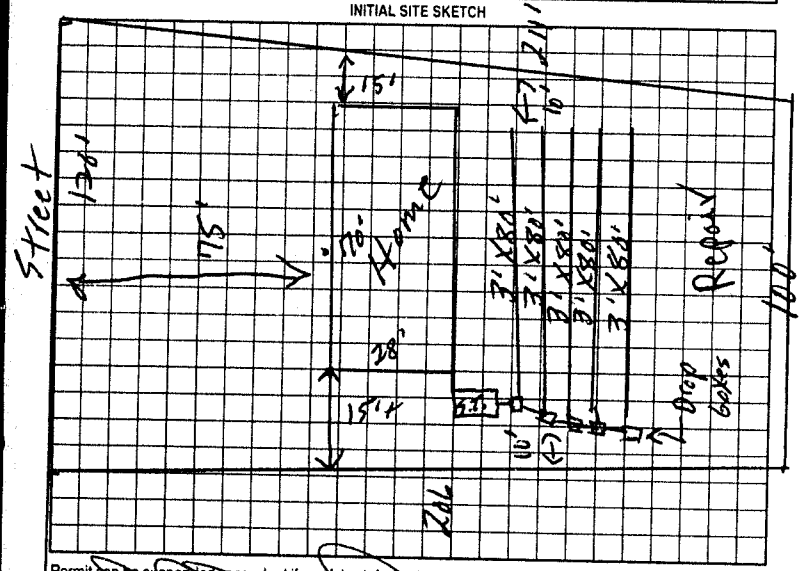
Water Supply: ☐ Individual ☒ Public ☐ Community

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

Comments/Conditions:

Comments/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as shown

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 with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: date 5/3/99

Improvement Permit by: E. C. Moore date 5-3-99

Authorization to Construct by: E. C. Moore date 5-3-99

Installed by: Atlantic Ex.

Operation Permit by: Mark Coff date 5-7-99

Existing System Inspection by: date

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