IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 152643 PIN# 4659542643 4659559348 DATE 9-15-2008

OWNER OR APPLICANT Buddy Scott /5 PHONE: Business _____ Home (704) 799-8524

ADDRESS 112 ORCHID LANE MOORESVILLE, NC 28115

LOCATION 21 N FREEZE CROSSING TR TO END OF ROAD SITE ON LEFT

SUBDIVISION FREEZE CRSS BLOCK / SECTION _____ LOT _____ LOT AREA 23.43 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3 GPD/FT²

Septic Tank: 1000 Gallons; STB 1007 Date 9-11-08
Pump Tank: — Gallons; PT — Date —
Pump Make: — Model — Serial No. —
Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 300'
No Lines 3 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth _____

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 25% REDUCTION
Repair System Description: PBPS 50% REDUCTION
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons ____
☐ Business No. Employees ____
☐ Other _____

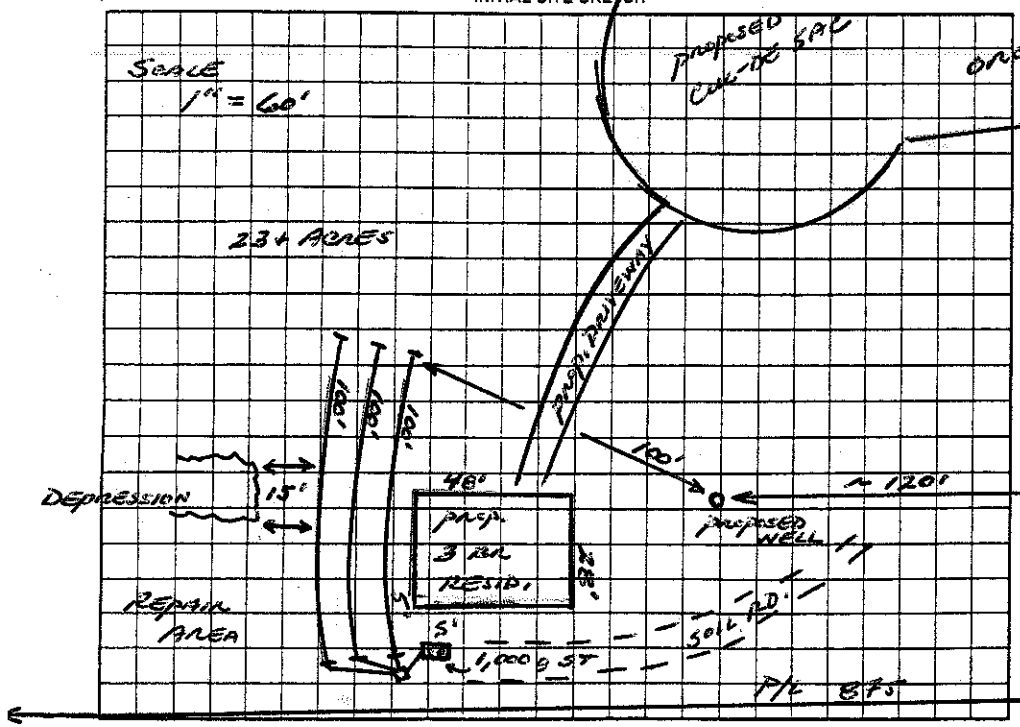
Water Supply: ☒ Individual ☐ Public ☐ Community

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

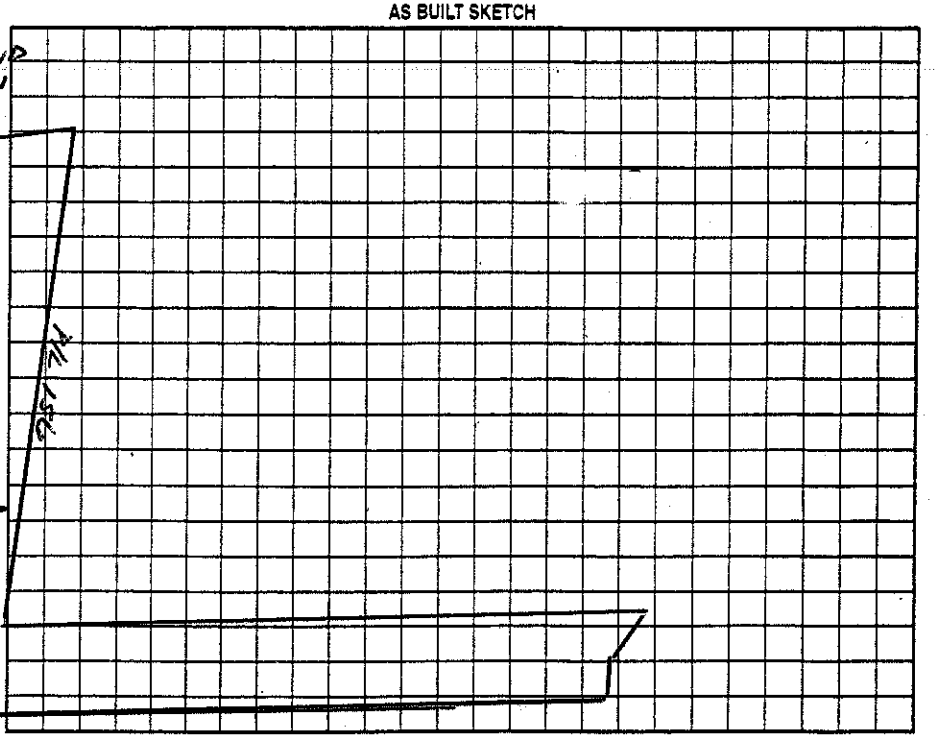
Comments:/Conditions: TANK & DRAINLINE MUST BE MINIMUM 5' FROM FOUNDATION. WELL MUST BE 100' FROM ANY SEPTIC SYSTEM.

Comments:/Conditions: DIVERT SURFACE DRAINAGE AWAY FROM SEPTIC AREA. NOSE SLOPE TO BE SHAVED DOWN TO CORRECT CONTOUR.

INITIAL SITE SKETCH



AS BUILT SKETCH



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: Buddy G. Scott date _____ Installed by: IMAGE PLANTS #1835

Improvement Permit by: C. M. Yost, R.S. date 9-15-08 Operation Permit by: _____ date 10-28-08

Authorization to Construct by: C. M. Yost, R.S. date 9-15-08 Existing System Inspection by: _____ date _____

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