IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 160335 PIN # 4706-38-2846 DATE 1 April 10

OWNER or APPLICANT Edward St. Clair PHONE: Business: Home: (704) 585-2084

OWNER or APPLICANT ADDRESS 132 Scottsview Dr. Scotts, NRE.

LOCATION / DIRECTIONS Hwy 90 across from Scotts School.

SUBDIVISION St. Clair Mobile Home Pk. BLOCK / SECTION LOT # 7 LOT AREA 5-1/2 ac. DESIGN FLOW 240/0 L.T.A.R.

Septic Tank Exist. Gallons: STB Date

Pump Tank Gallons: P T Date

Pump Make Model Serial #

Nitrification Field No Fields ~~No Lines~~ Linear Feet

Trench Width Max. Trench Bottom Depth Gravel Depth

☐ New System ☐ Repair ☐ Expansion System Type I II III IV V VI

System Description:

Repair System Description:

Maintenance Agreement Required ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 2

☐ Business No. Persons

☐ Other No. Employees

☐ Slab ☑ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions

Comments / Conditions

INITIAL SITE SKETCH

AS BUILT SKETCH

Please see Attached system permit.

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 w / plat valid without expiration.* ☐ *IMPROVEMENT PERMIT w / site plan valid for 60 mos.* ☐ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.*

Owner / Applicant Signature: Date

Improvement Permit by: Date

Authorzation to Construct by: Date

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by:

Operation Permit by: Date:

Existing System Inspected by: RS Date: 1 Apr 10

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant