IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 086588 PIN# 4706 65 3259 DATE 12-20-99

OWNER OR CONTRACTOR JEFFREY LYNN MCNEIL PHONE: Business Home 878-9664

ADDRESS 3309 OLD HICKORY HWY STATESVILLE NC 28677

LOCATION NC 90 W TR SCOTTS CREEK ROAD 2ND LOT ON RIGHT

SUBDIVISION SCOTTS CREEK BLOCK / SECTION LOT 2 LOT AREA 1.70 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.25 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 8-22-00
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480
No Lines SIX Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

✓ New System Repair System Type: I II III IV V VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: CONVENTIONAL PUMP
Maintenance Agreement Required Yes No

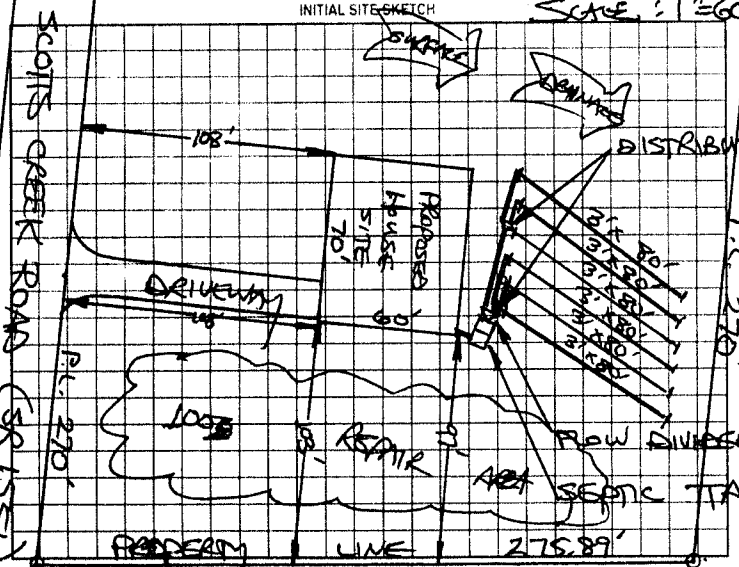
House/Mod. Home No. Bedrooms 3
Mobile Home No. Bathrooms 2
Business No. Employees
Other
Slab Crawl Space Basement w/plumbing Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments/Conditions: ① USE ONE FLOW DIVIDER TEE TO ACHIEVE EQUAL DISTRIBUTION INTO TWO DISTRIBUTION BOXES FEEDING THREE LINES EACH.

Comments/Conditions: Installed as shown

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: Jeffrey McNeil date 12-20-99 Installed by: Tommy Gotheen

Improvement Permit by: STEVE HEDRICK date 12-20-99 Operation Permit by: [signature] RS date 1-29-00

Authorization to Construct by: STEVE HEDRICK date 12-20-99 Existing System Inspection by: date

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