IREDELL COUNTY HEALTH DEPARTMENT

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

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

PROPERTY DESCRIPTION NO. 18628 DATE 6/9/94 TAX MAP NO. 9K-1-A-6 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR RICHARD HOLESTIN PHONE: Business _____ Home 585-9536

ADDRESS P.O. BOX 103, SCOTTS, NC 28699

LOCATION NC 90 W, TR SCOTTS CREEK RD, TL NEW AMITY RD, TR COLFAX RD, LOT #6 ON (E)

SUBDIVISION OAK HILL BLOCK / SECTION _____ LOT 6 LOT AREA 100' x 420' SITE CLASS P5 DESIGN FLOW 360 L.T.A.R. 0.46 GPD/FT2

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 f Linear Feet 300'

No Lines 2 Trench Width 36" Max Trench Bottom Depth 18-36" Gravel Depth 12"

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☒ No

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

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

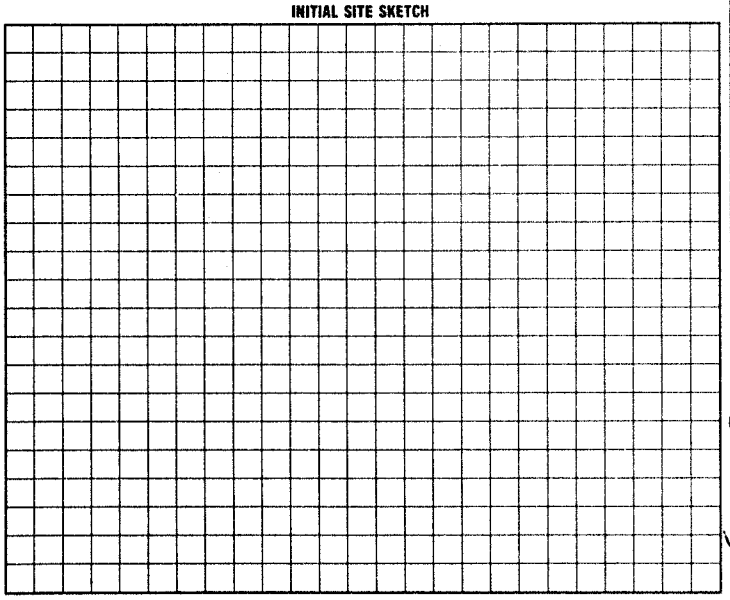
No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

Water Supply: ☐ Individual ☐ Community ☒ Public

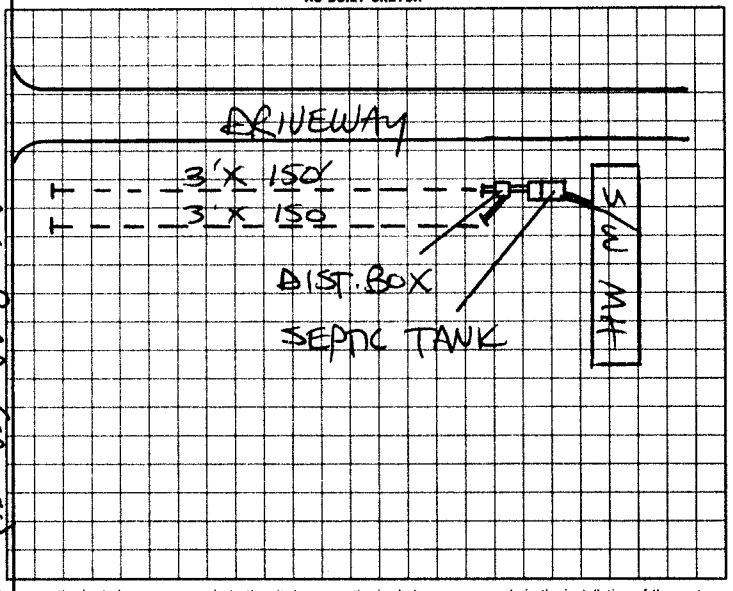
Comments:

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: _____ Installed by: _____

Improvement Permit by: _____ date _____ Certificate of Completion by: _____ date _____

Existing System Inspection by: STEVE HEDRICK date 6/9/94 Operation Permit by: _____ date _____

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