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. 22745 DATE 11-27-95 TAX MAP NO. 9K-1-A-6 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Virginia N. Holestin PHONE: Business _____ Home 872-2081

ADDRESS 147 Colfax Rd. Scotts, N.C. 28699

LOCATION I-40W To Hwy 90 TR Scotts creek Rd. TL New Amity Rd TR Colfax Rd. Lot on L after Blue House.

SUBDIVISION Oak Hill BLOCK / SECTION _____ LOT 6 LOT AREA 100' x 420' SITE CLASS Existing DESIGN FLOW 360 L.T.A.R. Existing

Septic Tank: _____ Gallons; STB _____ Date _____

Pump Tank: Existing Gallons; PT _____ Date _____

Pump Make: _____ Model System Serial No. Inspection

Nitrification Field: No Fields ___ Square Feet _____ Linear Feet _____

No Lines _____ Trench Width _____ Max Trench Bottom Depth _____

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

System Description: Existing System

Repair System Description: Inspection

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees ___

☐ Other _____

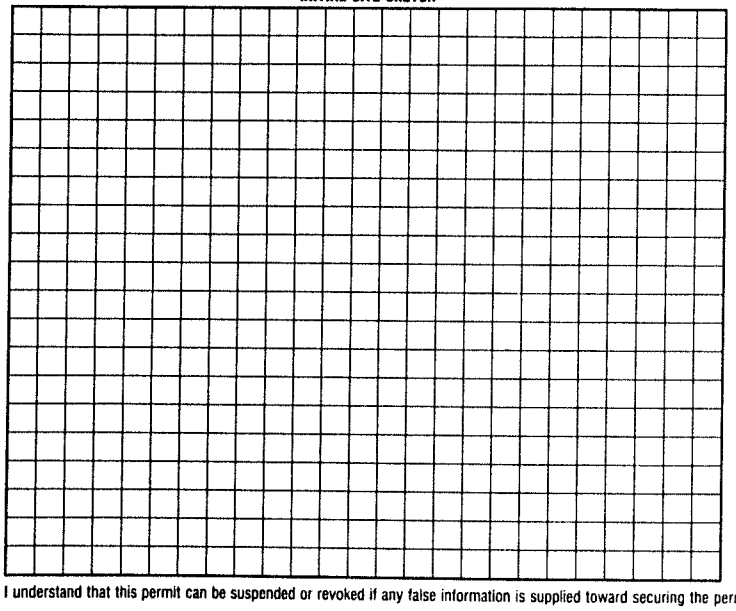
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

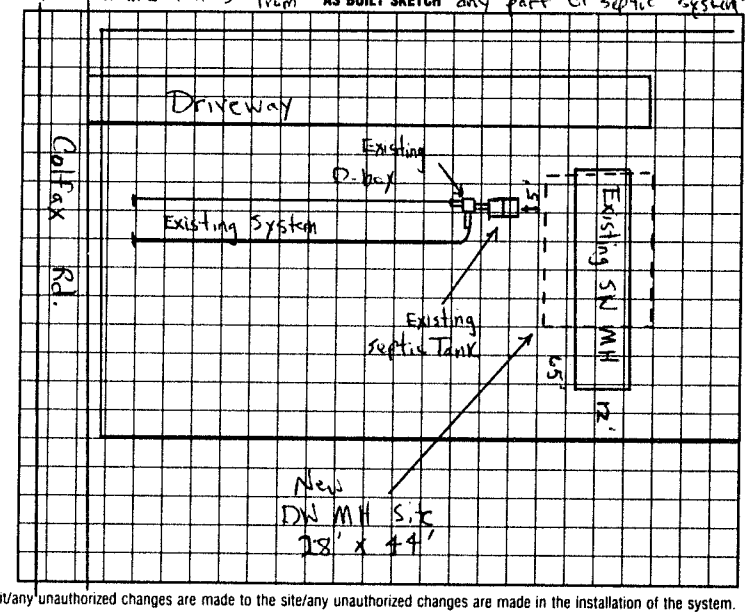
Comments:

Comments: Moving off 2 Bedroom SW MH (12' x 65'). Replacing with New DW MH (28' x 44'), 3 Bedroom. Original system sized big enough to accomodate 3 Bedroom Home. (10-22-92). System shows no visible signs of malfuction at time of inspection, Keep New home min. 5' from any part of septic system.

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.

Signed: _____

Improvement Permit by: _____ date _____

Existing System Inspection by: Michael J. Dessma date 11-27-95

Installed by: _____

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date _____

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