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. 18297 DATE 4/18/94 TAX MAP NO. 9F-3-A-17 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR GREGG WHITSON PHONE: Business _____ Home 873-1459

ADDRESS 421 S. RACE ST. STVL, NC 28677

LOCATION NC 90W TR SCOTTS CREEK RD, TR DELTA DRIVE AT ENA ON (R)

SUBDIVISION LARKIN SLOAN BLOCK / SECTION _____ LOT 17 LOT AREA 637'x470'x64'x97' SITE CLASS. PS DESIGN FLOW _____ L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 5/7/94
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 3 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

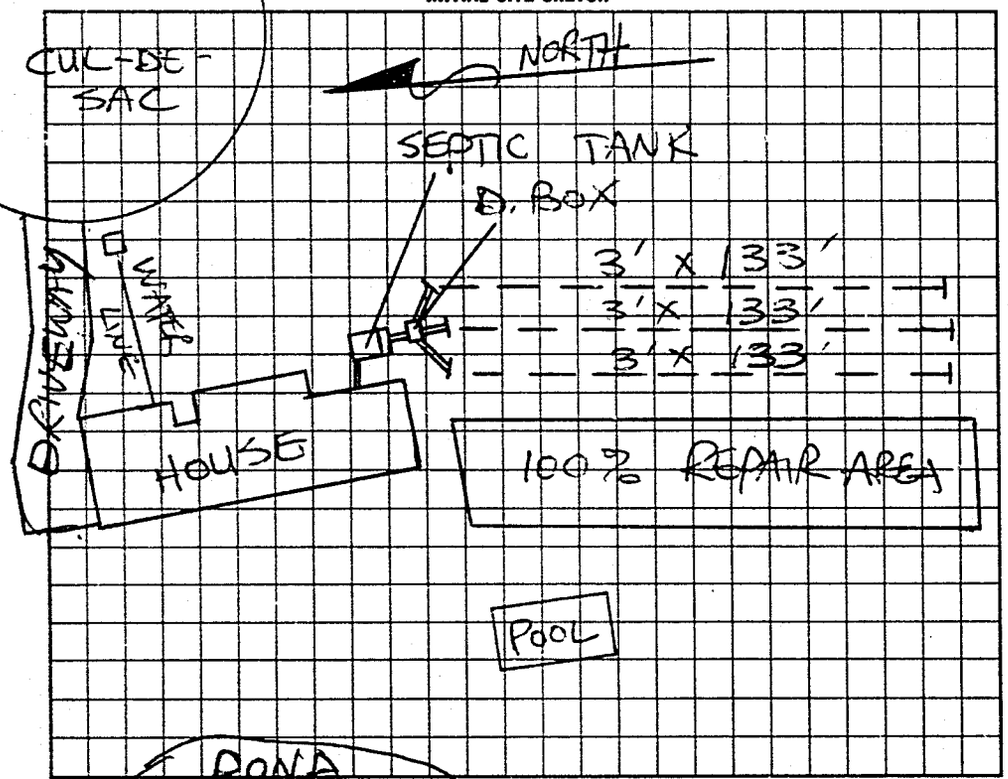
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☐ Community
☒ Public

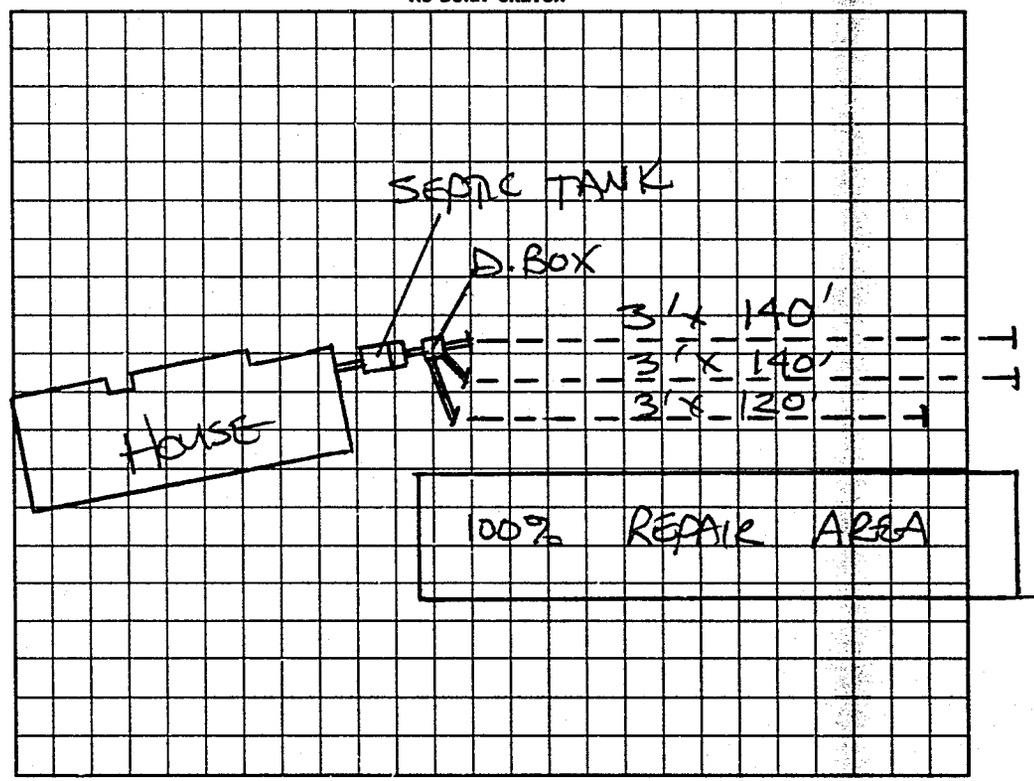
Comments: (1) KEEP SYSTEM MINIMUM 5' FROM HOUSE 10' FROM PROPERTY LINE, 50' FROM POND SITE 15' FROM POOL, (2) INSTALL LINES ON CONTOUR, NO DEEPER THAN 36", 9' APART ON CENTER

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: X Lowell Hugh Whitson

Improvement Permit by: STEVE HEDRICK date 4/18/94

Existing System Inspection by: _____ date _____

Installed by: JAMES HUDLER

Certificate of Completion by: STEVE HEDRICK date 8/3/94

Operation Permit by: _____ date _____

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