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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR JIMMY DUNCAN DATE 3/1/93 PERMIT NO. 9F-A-97A

PHONE: Business _____ Home _____

LOCATION NC 115 N, TL SCOTTS CREEK ROAD, HOUSE ON (R) ~ 5 MILES, BEHIND 2ND (H) BEFORE SCOTTS REC. CENTER S.R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 4.53 AC

Soil Characteristics PS

Application Rate 0.35 GPD/FT2

Topography 4-6% NOSE

Depth to Water Table >41

Rock or other impervious formations NONE

SHED

_____ Basement with Plumbing ✓ Basement without Plumbing _____ No Basement _____ Crawl Space

REPAIR AREA

ACP 1/12/93

Size of Tank 1000 Gals.

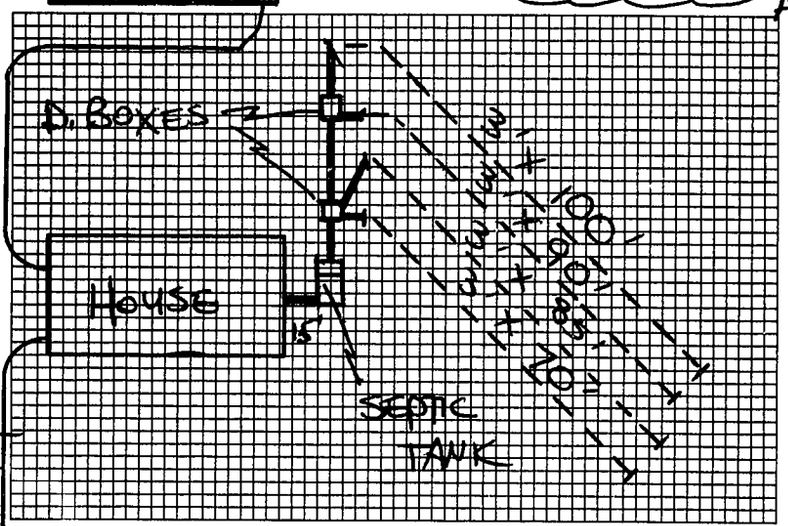
Nitrification Field:

No. of Lines 4

Sq. Ft. 1035 Linear Ft. 345

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ☑



Plot of System (Not to Scale)

Installed by DAVID YOUNTS

I understand and agree to install a septic tank system as specified on this Improvement Permit.

Signed: _____

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY STEVE HERRICK

COMMENTS REPAIR AREA IS 100% CONVENTIONAL, GRAVITY-FED

CERTIFICATE OF COMPLETION BY STEVE HERRICK DATE 3/1/93

EXISTING SYSTEM CHECKED BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

Permit is VOID if any unauthorized changes are made in installation of system, and/or if any unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

SCOTTS CREEK ROAD