50583

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. 17866 DATE 2/22/94 TAX MAP NO. 9A-9-A-76 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR HERITAGE BLDG. CO. PHONE: Business Home 528-6644

ADDRESS RT-10, BOX 177-A STVL, NC 28677

LOCATION NC115N TL SCOTTS CREEK, TL MILLER FARM, TR DOG TRAIL, 2ND LOT ON LEFT PAST ELK DRIVE

SUBDIVISION DEERCROFT BLOCK / SECTION II LOT 76 LOT AREA 110' x 239' SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.35 @ PD/FT²

Septic Tank: 1000 Gallons; STB 794 Date 2/18/94

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345

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: CONV. 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 _____

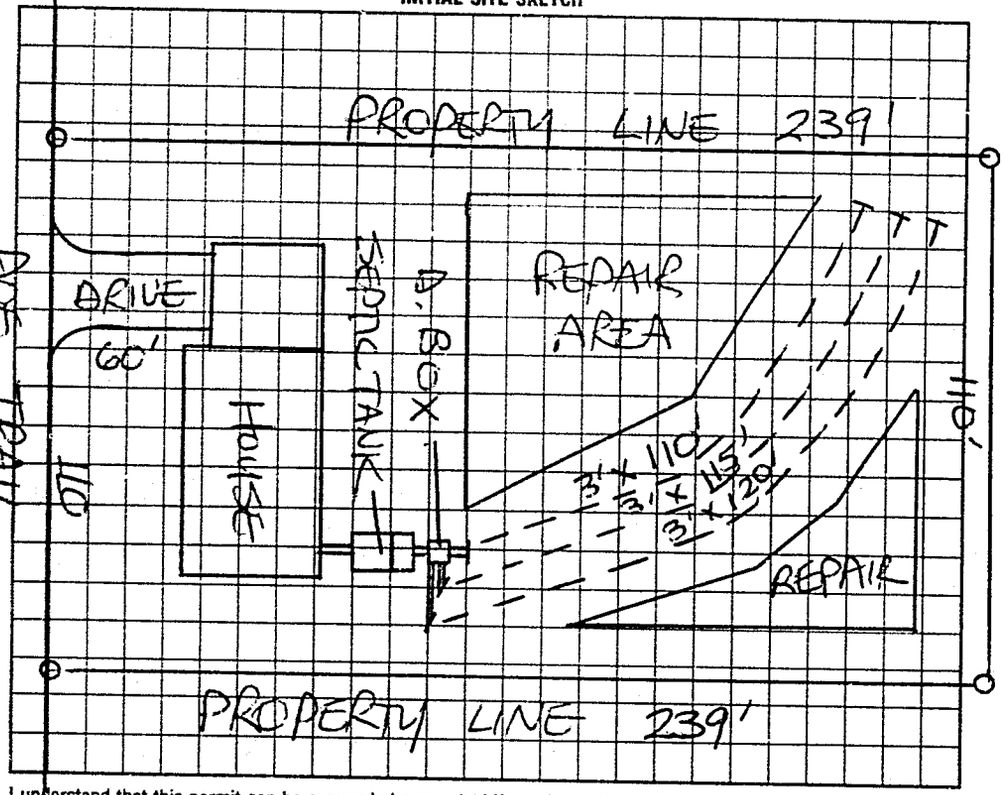
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

Comments: ① KEEP SYSTEM MINIMUM 5' FROM HOUSE, 10' FROM PROPERTY LINE, ② INSTALL LINES ON CONTOUR, NO DEEPER THAN 36", 9' O.C.

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITAL SITE 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: _____

Improvement Permit by: STEVE HEDRICK date 2/22/94

Existing System Inspection by: _____ date _____

Installed by: WES LYTON

Certificate of Completion by: STEVE HEDRICK date 4/29/94

Operation Permit by: _____ date _____

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