IREDELL COUNTY HEALTH DEPARTMENT

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

~~53005~~ 53008

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

PROPERTY DESCRIPTION NO. 19502 DATE 10/3/94 TAX MAP NO. 9A-9-A-39 Watershed: ☐ Yes ☑ ~~No~~

OWNER OR CONTRACTOR STEPHEN N. SMOOT PHONE: Business _____ Home 873-0205

ADDRESS 162 MAY DR STATESVILLE, NC 28677

LOCATION NC115N TR SCOTTS CREEK, TL MILLER FARM, TR ANTLER DRIVE, LOT ON (R) BEFORE BOTTOM

SUBDIVISION DEERCROFT BLOCK / SECTION I LOT 39 LOT AREA 165 x 200' SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 3/13/95

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5 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 _____

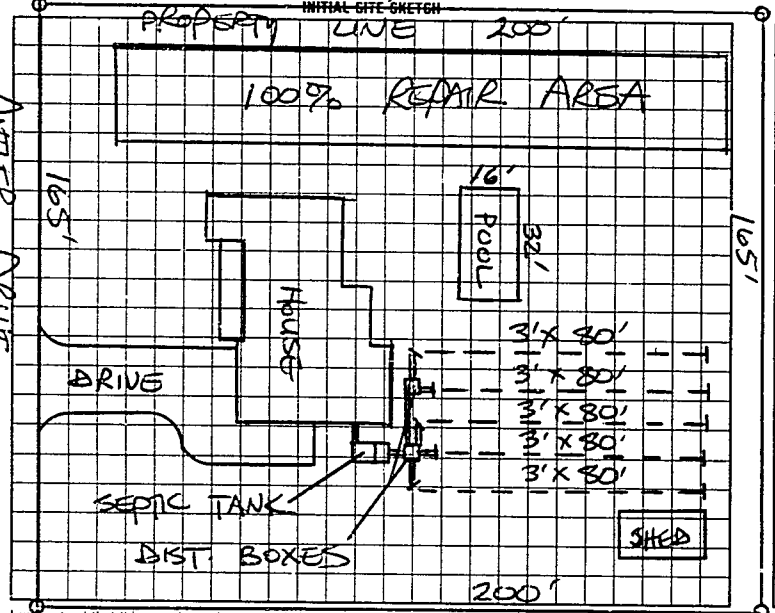
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ~~☐ Individual~~ ☐ Community ☑ Public

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

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL 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: Stephen N. Smoot

Improvement Permit by: STEVE HEDRICK date 10/3/94

Existing System Inspection by: _____ date _____

Installed by: DAVID YOUNTZ

Certificate of Completion by: STEVE HEDRICK date 6/16/94 95

Operation Permit by: _____ date _____

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

53008