53850

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. 19492 DATE 10/12/94 TAX MAP NO. 9A-9-A-93 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR SAMUEL G. SCOTT PHONE: Business 838-5617 Home 873-1391

ADDRESS 2310 S. CHIPLEY FORD STATESVILLE, NC 28677

LOCATION NC 115 N, TL SCOTTS CREEK, TL MILLER FARM, TR DOE, TR ELK, TR CARIBOU TL WATTS, 3RD LOT ON (R)

SUBDIVISION DEERCROFT BLOCK / SECTION II LOT 93 LOT AREA ~110 x 220 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.33 GPD/FT

Septic Tank: 1000 Gallons; STB 1012 Date 12/13/94

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1050 Linear Feet 360

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: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

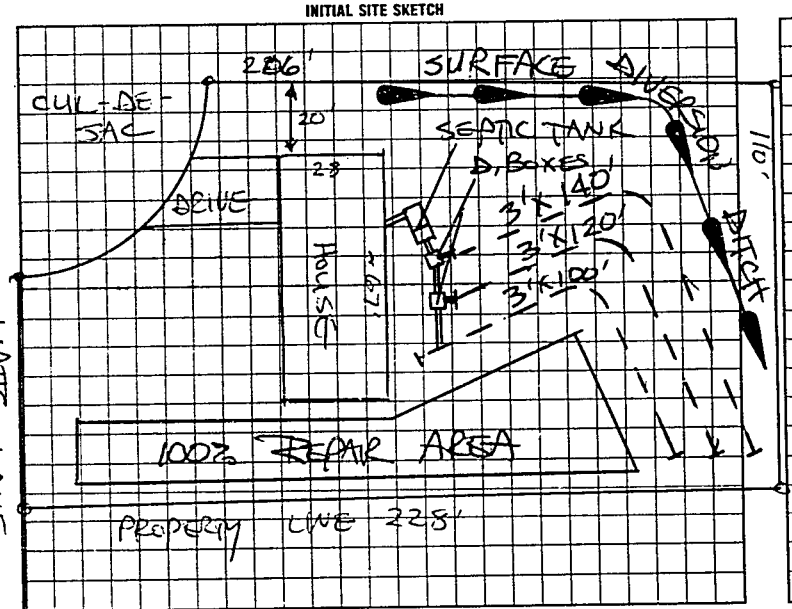
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☒ Public

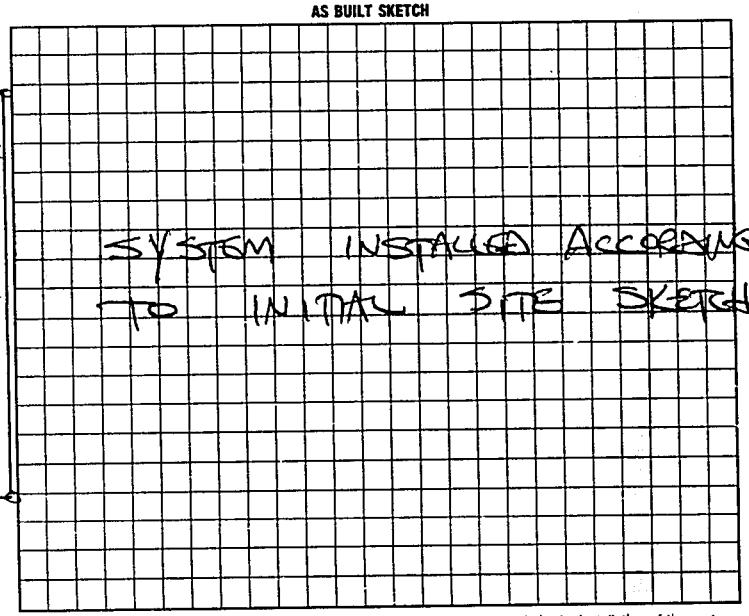
Comments: (1) INSTALL SURFACE DIVERSION DITCH AT LOCATION SHOWN (2) INSTALL LINES AS SHOWN, NO DEEPER THAN 36", 9' O.C.

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 [signature]

Improvement Permit by: STEVE HEDRICK date 10/12/94

Existing System Inspection by: _____ date _____

Installed by: DAVID YOUNTZ

Certificate of Completion by: STEVE HEDRICK date 3/22/95

Operation Permit by: _____ date _____

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

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