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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR SAMUEL G. SCOTT DATE 2/3/93 PERMIT NO. 93-9-A-7

PHONE: Business _____ Home _____

LOCATION NC 90 W, TR MONTICELLO DRIVE, TL MILLER FARM ROAD, TL DOE TRAIL, LOT #7 ON (R) S.R. No. _____

SUBDIVISION NAME DEER CROFT LOT NO. 7 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 110 X 200

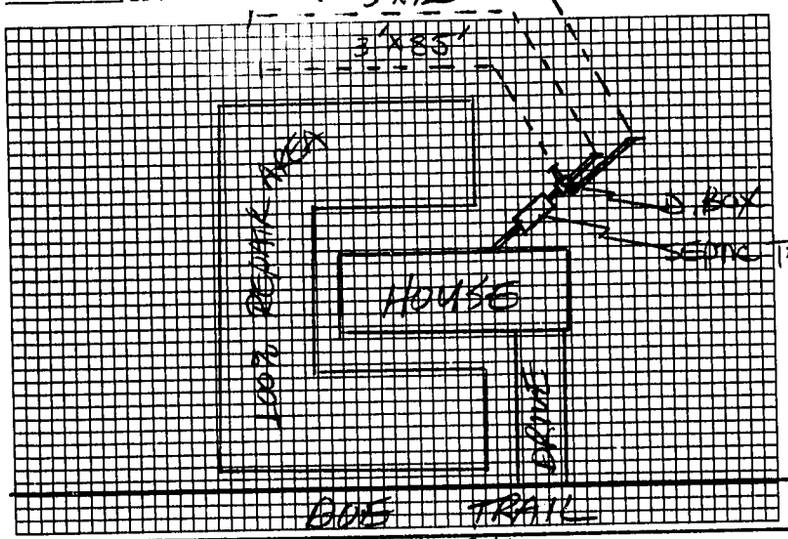
Soil Characteristics PS

Application Rate 0.35 GPD/FT2

Topography 4-6% LS

Depth to Water Table >41

Rock or other impervious formations NONE



Plot of System (Not to Scale)

_____ Basement with Plumbing 3' X 120' Basement without Plumbing _____ No Basement ✓ Crawl Space

Size of Tank ACP 11/14/92 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 1035 Linear Ft. 345

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ☑

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 HEDRICK

COMMENTS REPAIR AREA IS 100% CONVENTIONAL, GRAVITY-FED.

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 2/3/93

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