55801

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. 20925 DATE 4-27-95 TAX MAP NO. 100-2-A-1 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Samuel G. Scott PHONE: Business Home 873-1391

ADDRESS 2310 Chipley Ford Rd Statesville

LOCATION Chipley Ford Rd & TR Twin Lakes Dr. 1st lot left

SUBDIVISION Dobbs Farm BLOCK / SECTION A LOT 1 LOT AREA .85± SITE CLASS. D5 DESIGN FLOW 360 L.T.A.R. .35

Septic Tank: 1000 Gallons; STB 1012 Date 6-14-95
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 10 Square Feet 1080 Linear Feet 360
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, ☑ III, IV, V, VI
System Description: conv. Gravity
Repair System Description: " "
Maintenance Agreement Required: ☐ Yes ☑ No

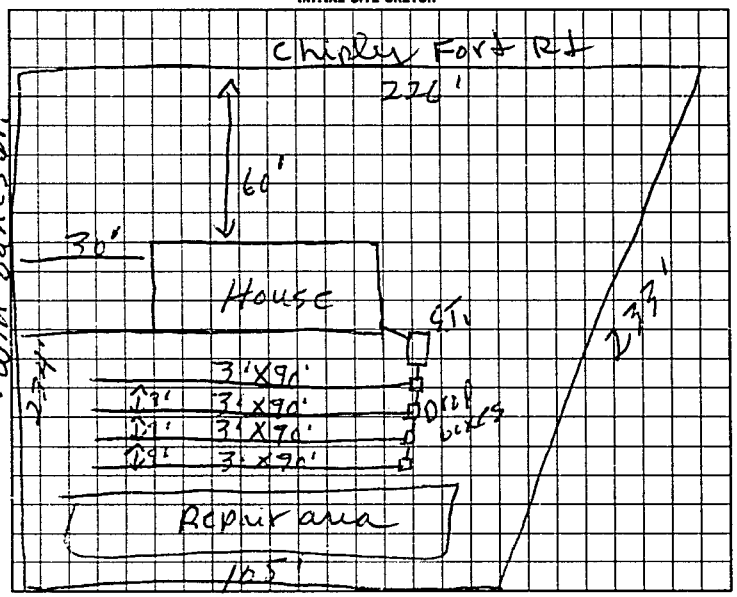
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☐ Community
☑ Public

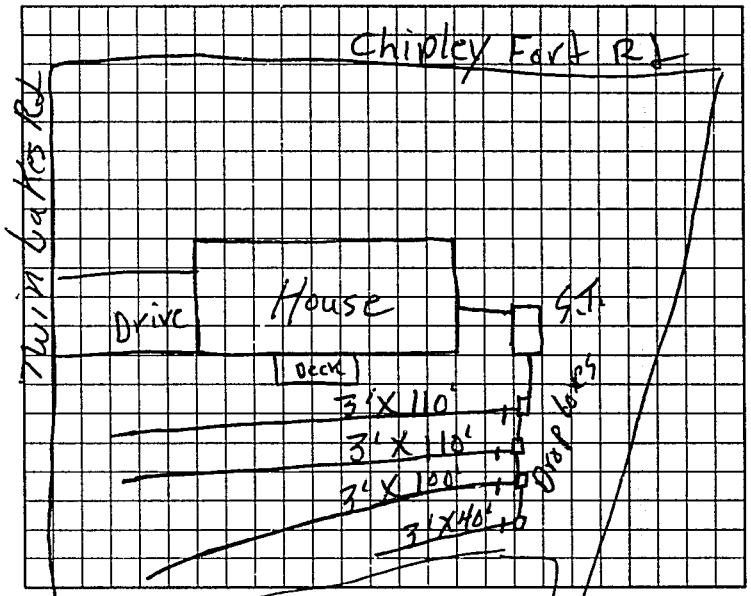
Comments:

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: Samuel G. Scott

Improvement Permit by: L.C. Moore date 4-27-95

Existing System Inspection by: _____ date _____

Installed by: Repair area Ellie Yountz & sons

Certificate of Completion by: L.C. Moore date 9-1-95

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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