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. 20927 DATE 4-27-95 TAX MAP NO. 20 D- 2A-45 Pt 06 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Samuel Scott PHONE: Business _____ Home 873 1371

ADDRESS 2310 S Chipley Ford Rd

LOCATION Chipley Ford Rd to Twin Lakes Rd to 400' left

SUBDIVISION FT Dobbs Fm. BLOCK / SECTION [redacted] Pt 6 LOT 45 LOT AREA .7 acres SITE CLASS RS DESIGN FLOW 360 L.T.A.R. .35

Septic Tank: 1000 Gallons; STB 1012 Date 6

Pump Tank: _____ Gallons; PT _____ Date 4-26-99

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 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, II, 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 _____

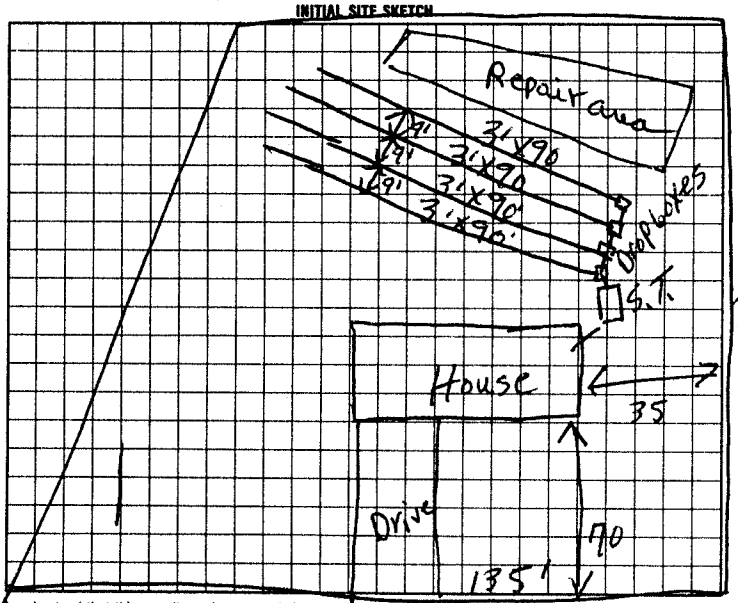
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

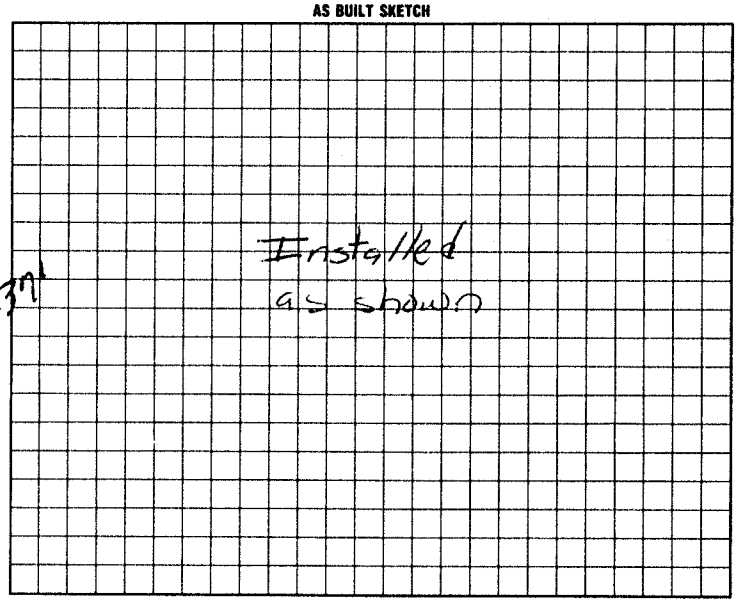
Comments:

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 S. Scott

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

Existing System Inspection by: _____ date _____

Installed by: David Yountz

Certificate of Completion by: _____ date _____

Operation Permit by: M.C. Ortz RS date 6-10-99

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