IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 083342 PIN# 4706672037 (pt.) DATE October 14, '99

OWNER OR CONTRACTOR Crandall + O'Briant Construction PHONE: Business – Home –

ADDRESS 310 Treebark Rd Statesville 28625

LOCATION 90 WEST TR Scotts Creek Rd X RR TL immediately on New Amity Rd. TR Westscott Drive 1st Lot Lft

SUBDIVISION Westscott BLOCK / SECTION – LOT 1 LOT AREA 1.282 AC SITE CLASS PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1072 Date 4-16-02
Pump Tank: – Gallons; PT – Date –
Pump Make: – Model – Serial No. –
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I II III IV V
System Description: Gravity Conventional
Repair System Description: gravity pumped conventional
Maintenance Agreement Required: ☐ Yes ☑ No
Gravel Depth 12"

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

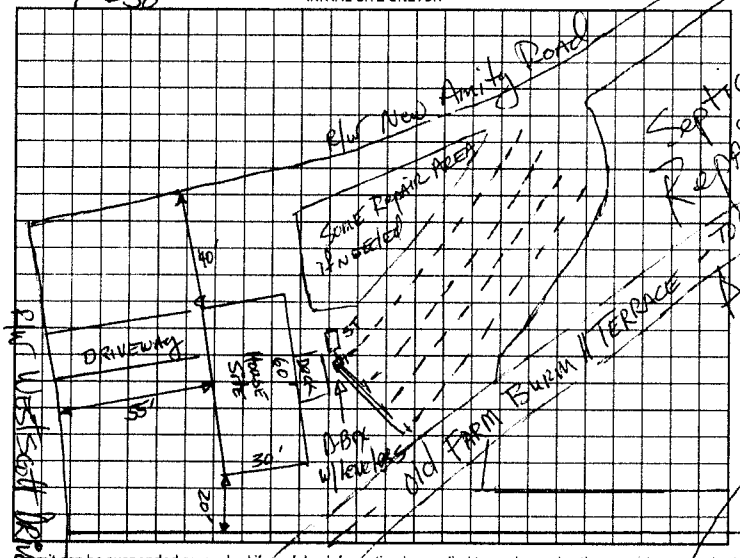
Water Supply:
☐ Individual
~~☐ Public~~
☐ Community
Alexander

Comments/Conditions: Remove old farm barn Terrace.

Comments/Conditions: -Poly Lok Filter Installed
-Septic Tank Marker Installed
Repair Area remains the Same

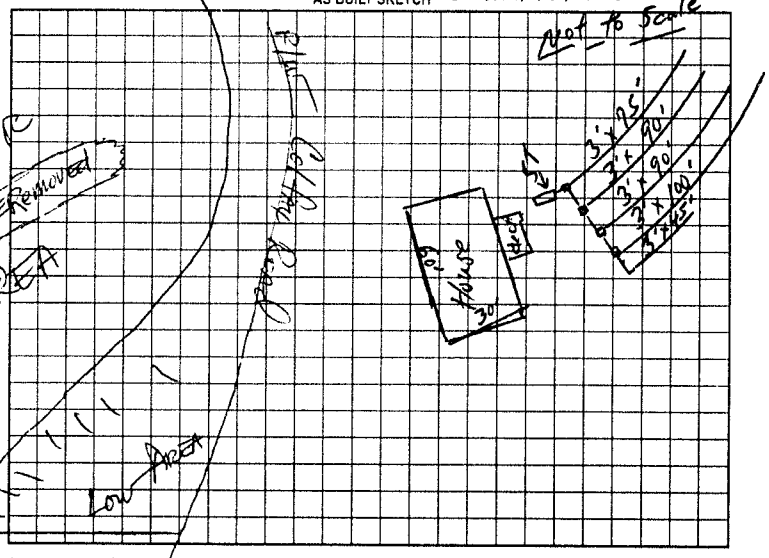
1" = 50'

INITIAL SITE SKETCH



AS BUILT SKETCH as Initial Sketch

Not to Scale



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 with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed _____ date 11-16-99 Installed by: A-1 Backhoe

Improvement Permit by: _____ date 11-14-99 Operation Permit by: William O. Johnson date 7/23/02

Authorization to Construct by: William O. Johnson date 11/27/01 Existing System Inspection by: _____ date _____

HEALTH DEPT COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK