IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 083346 PIN# 4707672037 (pt.) DATE October 26, '99

OWNER OR CONTRACTOR Crandall & O'Brien Const. PHONE: Business 871-1536 Home

ADDRESS 310 Treadtank Rd. Statesville

LOCATION 90 WEST TR Scotts Creek Rd. X RR immediately TL New Amity Rd TR Westscott Dr. on left

SUBDIVISION Westscott BLOCK / SECTION LOT 4 LOT AREA .637 Ac SITE CLASS PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 10-22
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" Gravel Depth 12"

☑ New System ☐ Repair System Type: I ☑ II III IV V VI
System Description: GRAVITY CONVENTIONAL
Repair System Description: GRAVITY/pumped Innovative
Maintenance Agreement Required: ☐ Yes ☑ No

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

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other

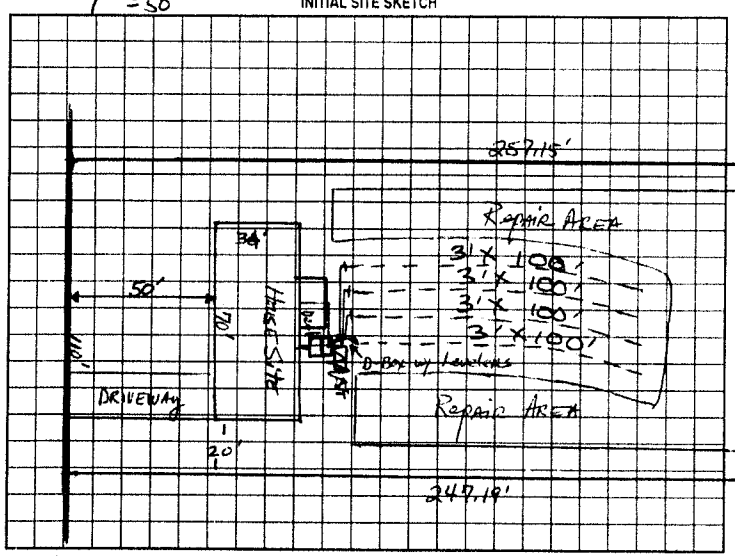
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions: Remove old burns, treaces.

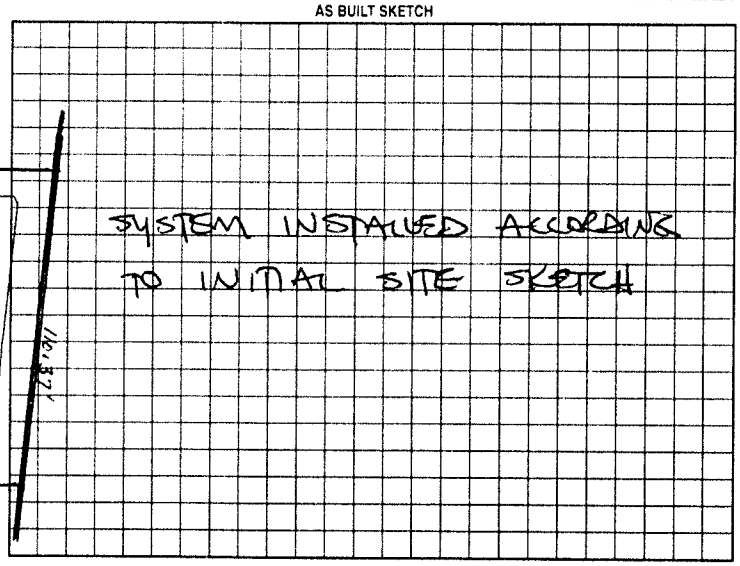
Comments/Conditions: SEPTIC TANK W/ RISERS AND MARKER INSTALLED USING "POLY LOK" FILTER

1" ≈ 50'

INITIAL SITE SKETCH



AS BUILT SKETCH



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 10-26-99 Operation Permit by: STEVE HEDRICK date 2-22-00

Authorization to Construct by: STEVE HEDRICK date 11-10-99 Existing System Inspection by: date

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