IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 91952 PIN# 4716669357

OWNER OR CONTRACTOR Shanna Marlowe PHONE: Business _____ Home 873-9956 DATE June 23 99

ADDRESS 820 Scotts Creek Rd Statesville NC

LOCATION 115 N @ Scotts Creek Rd 1/2 mile on left past T & J Pond

SUBDIVISION Ryan Marlowe BLOCK / SECTION _____ LOT 3 LOT AREA 1.45 SITE CLASS P3 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 7-27-99

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5 @ 80 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I ☒ II, IV, V, VI

System Description: Conv. Gravity

Repair System Description: 25% Reduction / Pump

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

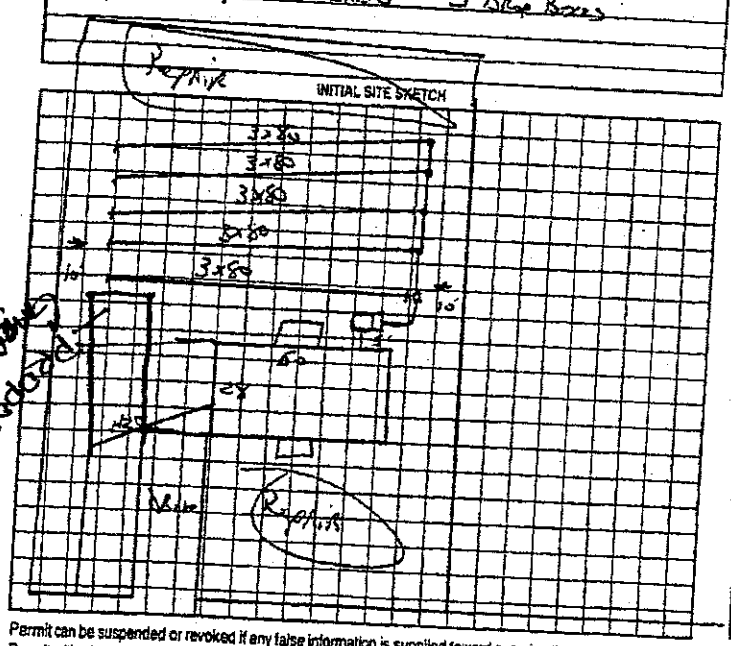
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community WELL

Comments/Conditions: Keep All setbacks 5 Drop Boxes

Comments/Conditions: SEPTIC TANK WITH RISERS INSTALLED USING "POLYLOK" FILTER

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITAL SITE 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 6-23-99 Installed by: KENNY MADISON

Improvement Permit by: C. Potter date 6 28 99 Operation Permit by: STEVE HEDRICK date 10-6-99

Authorization to Construct by: C. Potter date 6 23 99 Existing System Inspection by: _____ date _____

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