IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

206205 attached

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

PERMIT # 207206

APPLICANT: Shanna Marlowe

PIN # 4716559268

SITE ADDRESS: 859 Scotts Creek Rd.

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SITE DIRECTIONS: Hwy 115 N TL Scotts Creek Rd.

PHONE: 704-929-1660 ALT. PHONE: N/A

SUBDIVISION: Fox Marlowe

SECTION: N/A LOT # 1 LOT AREA: 6.918 acres DESIGN FLOW: 360gpd L.T.A.R.: Existing

Septic Tank Existing (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 5 Linear Ft: 400

Trench Width Ex Max. Trench Bottom Depth Ex Gravel Depth Ex

☐ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI

System Description: Conventional

Repair System Description:

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 3 No. Persons 6 No. Employees

☑ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions:

- Maintain a minimum of 5' between all building foundations & all components of septic tank system.

INITIAL SITE SKETCH

Scale 1"=50'

PLC 209'

AS BUILT SKETCH

Scotts Creek Rd.

PLC 261'

Some Repairs

Driveway

30' x 24' Addition

Existing House

Existing Septic tank

PLC 195'

Existing Drain-field

Existing out-building

30' x 30' Garage Addition

Existing out-bldg

Some Repair

PLC 163'

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. CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

☐ IMPROVEMENT PERMIT with plat valid without expiration. ☐ IMPROVEMENT PERMIT with site plan valid for 60 mos. ☐ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: [signature] Date: 6/2/15

IMPROVEMENT PERMIT by: Date: Installed by:

AUTHORIZATION TO CONSTRUCT by: Date: OPERATION PERMIT by: Date:

Existing System Inspected by: [signature] Date: 1-5-14

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK