CI

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 119267 PIN# 4726-02-7520 DATE 3/30/04

OWNER OR CONTRACTOR William T. Marlow PHONE: Business (704) 878-0110 Home

ADDRESS 124 Emma Lane Statesville N.C. 28625

LOCATION Hwy 115 N. @ Scotts Creek Rd, @ Celtic Ridge, @ Nathaniel Grace Dr 2nd Lot on Left

SUBDIVISION Celtic Ridge BLOCK / SECTION ____ LOT 17 LOT AREA .460 Acres SITE CLASS. 15 DESIGN FLOW 360 L.T.A.R. .25 gpd/ft²

Septic Tank: 1,000 Gallons; STB 101 2 Date 3-28-04
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet Eq. to 1440 Linear Feet 360'
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: Gravity, 25% Reduction
Repair System Description: Pump – LP Pinch
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

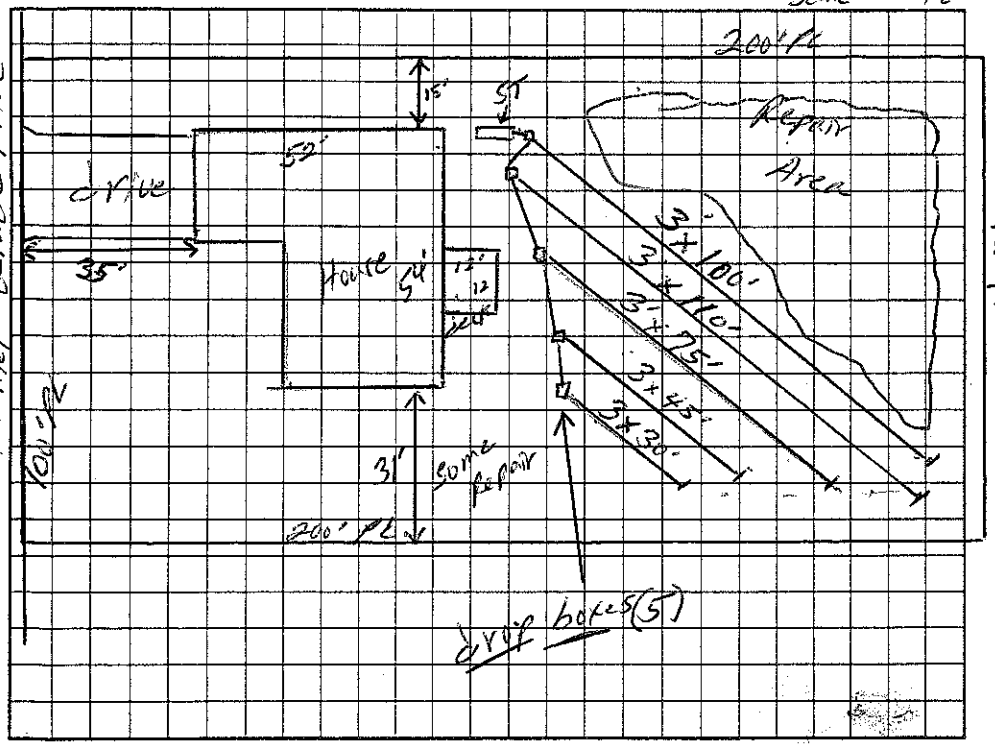
Water Supply:
☐ Individual
☒ Public
☐ Community

Comments:/Conditions: ① Install lines on Contour ② Do not install when wet ③ maintain proper setbacks

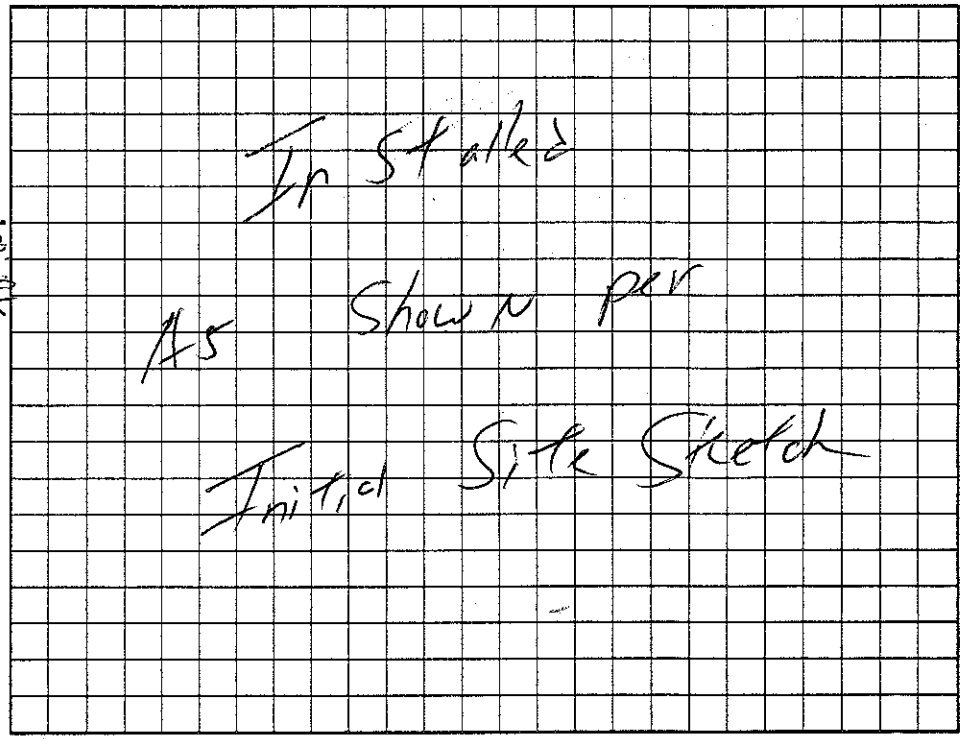
Comments:/Conditions: Tuff-Tite Filter + ST Marker Installed – 48 Infiltrator Chambers Installed

INITIAL SITE SKETCH

Scale 1" = 40'



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: William Tom Marlow date 5-26-2004 Installed by: Steve Jordan

Improvement Permit by: William O. Johnson date 3/30/04 Operation Permit by: William O. Johnson date 8/18/04

Authorization to Construct by: William O. Johnson date 3/30/04 Existing System Inspection by: ____ date ____

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