IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 115026 PIN# 4726-02-8469 DATE 8/25/03

OWNER OR CONTRACTOR William Tony Marlow PHONE: Business (704) 902-4618 Home (704) 878-0110

ADDRESS 124 Emma Land Statesville, N.C. 28625

LOCATION Hwy 115 N @ Scotts Creek Rd @ Cattle Ridge Drive, @ Nathanael Greene Dr. on left on ext.

SUBDIVISION Cattle Ridge BLOCK / SECTION - LOT 18 LOT AREA .862 Ac SITE CLASS. 75 DESIGN FLOW 360 L.T.A.R. .25 gpd/Ft²

Septic Tank: 1,000 Gallons; STB 1012 Date 6-11-03
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480
No Lines 5 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: Pump, 25% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No

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

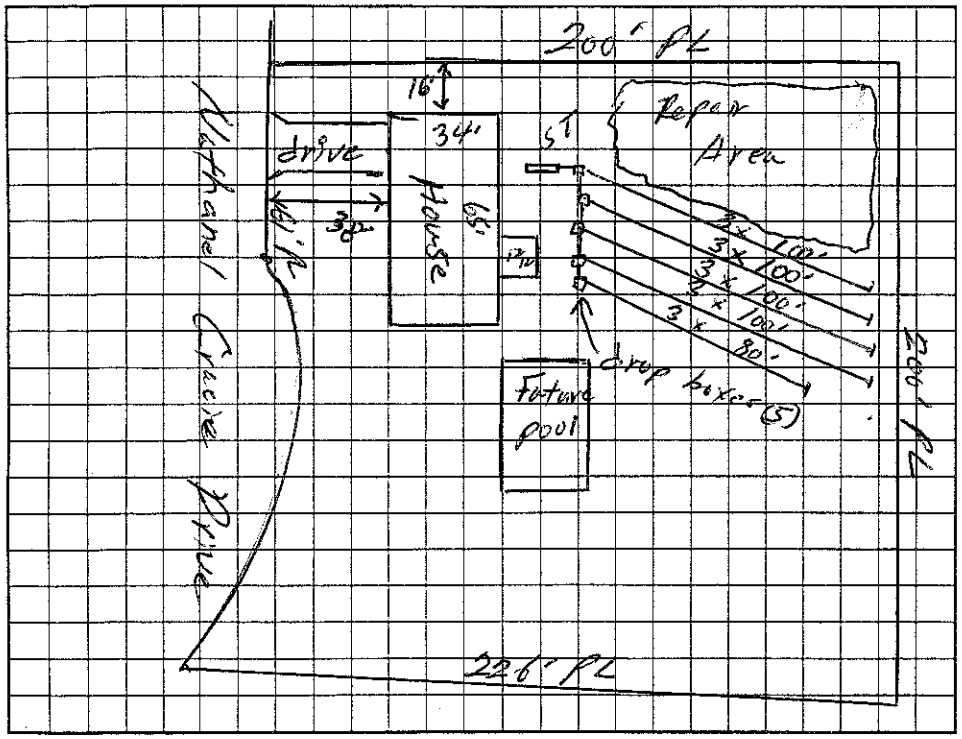
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

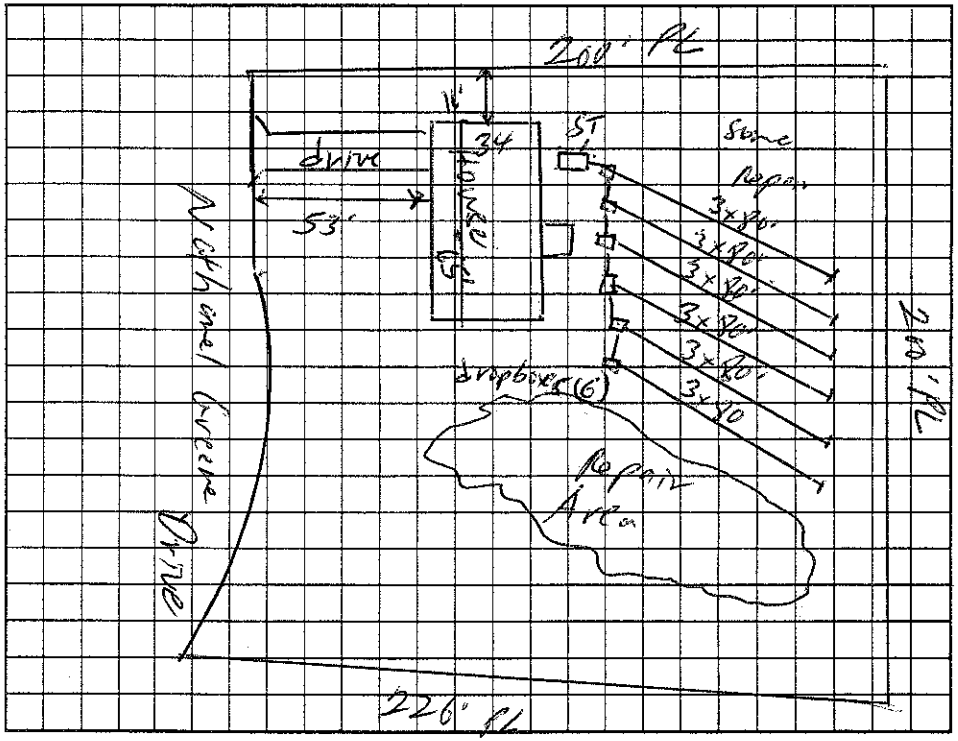
Comments:/Conditions:

Comments:/Conditions: - Tuff-Tite Filter + ST marker Installed

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: William T Marlow date ____ Installed by: Steve Jordan

Improvement Permit by: William O. Johnson date 8/25/03 Operation Permit by: William O. Johnson date 12-5-03

Authorization to Construct by: William O. Johnson date 8/25/03 Existing System Inspection by: ____ date ____

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