IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 13097 PIN# 4726028659 DATE 9-18-05

OWNER OR CONTRACTOR William T. Marlow PHONE: Business 704-878-0100 Home 878-0110

ADDRESS 124 Emma LN Statesville NC

LOCATION 115 N Scotts Creek RD (R) @ Celtic Ridge TO Dundee CT last on right #13

SUBDIVISION Celtic Ridge BLOCK / SECTION ____ LOT 13 LOT AREA 1.5 Ac SITE CLASS RS DESIGN FLOW 360 L.T.A.R. 13

Septic Tank: 1000 Gallons; STB 1012 Date 6-8-05

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields ____ Square Feet 1200 Linear Feet 300

No Lines 4 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: 25% Grade

Repair System Description: 25% - Grade

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other ____

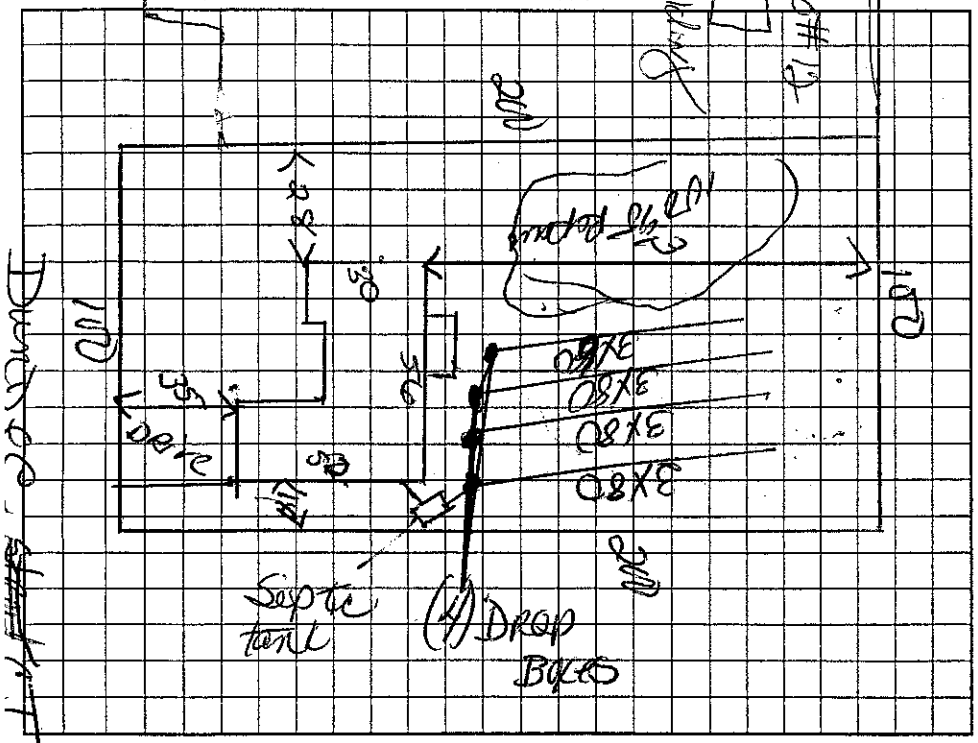
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions: Install on contour maintain all setbacks

Comments:/Conditions: Yellow Filter ng risers w/ ST markers

INITIAL SITE SKETCH



AS BUILT SKETCH

As drawn

The proposed outbuilding on lot #12 addition does not appear to impact the existing septic system. on lot #13

**NOTE: ____

R.S.

Date: 3-26-10

ICHD-Environmental Health Division

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 ____

Improvement Permit by: Kerry Cook date 9-18-05

Authorization to Construct by: Kerry Cook date 9-18-05

Installed by: Steve Jordan

Operation Permit by: James [illegible] date 2-2-06

Existing System Inspection by: ____ date ____

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