CF

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 121442 PIN# 4726-03-3042 DATE 8-31-04

OWNER OR CONTRACTOR MARLOW BUILDING PHONE: Business (704) 838-0755 Home (704) 902-0634

ADDRESS 124 EMMA LANE STATESVILLE 28625

LOCATION 115N TL SCOTTS CREEK RD TL CELTIC RIDGE TR DUNDEE CT LAST LOT ON RIGHT (112 DUNDEE CT)

SUBDIVISION CELTIC RIDGE BLOCK / SECTION ____ LOT 27 LOT AREA .46 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.3 GPD/FT²

Septic Tank: 1000 Gallons; STB 1017 Date 9-27-04
Pump Tank: 1000 Gallons; PT [illegible] Date 2-1105
Pump Make: GOULDS Model WED3112M3 Serial No. AD544999
Nitrification Field: No Fields 1 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: PUMP 35% REDUCTION
Repair System Description: LPP PPBRS 50% RED.
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

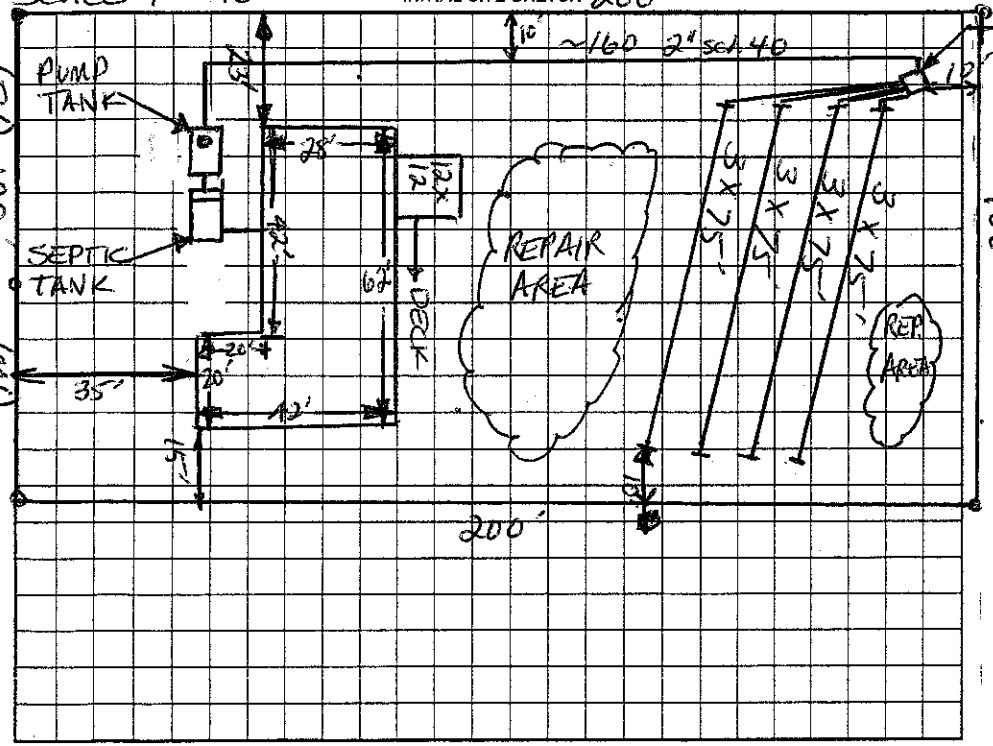
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions: (1) INSTALL LINES ON CONTOUR / MAINTAIN SETBACKS

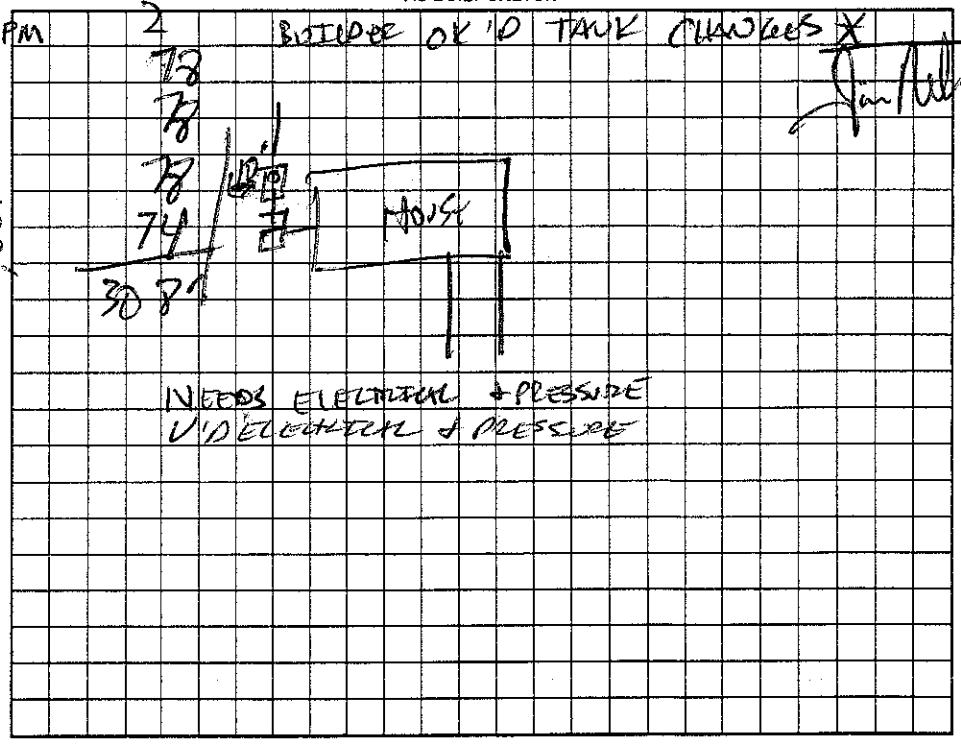
Comments:/Conditions: TUFF TITE FILTER & MARKER SYSTEM STAKED OFF 10' & SUPPLY IS S1 OFF P/L. INSTALLER SHOWED ME P/L LC 5-1605

SCALE 1"=40'

INITIAL SITE SKETCH 200'



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 ____ Installed by: STEVE IDLEMAN

Improvement Permit by: Christopher M Smith, RS date 8-31-04 Operation Permit by: [signature] date 5-26-05

Authorization to Construct by: Christopher M Smith, RS date 8-31-04 Existing System Inspection by: ____ date ____

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