IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 111470 PIN# 4726-72-9856 DATE 3/11/03

OWNER OR CONTRACTOR Samuel Scott PHONE: Business (704) 902-3230 Home (704) 873-1391

ADDRESS 2278 S. Clyde Ford Rd Statesville N.C. 28625

LOCATION Hwy 115 N @ Scotts Creek Rd, Corner of Miller Farm Rd + Scotts Creek Rd.

SUBDIVISION Cross Creek BLOCK / SECTION I LOT 9 LOT AREA .435 Ac. SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .25 gpd/ft²

Septic Tank: 1,000 Gallons; STB 1012 Date 2/25/03
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model Equ. to Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 360
No Lines 5 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth NA

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity, 25% Red
Repair System Description: Pump Low Pressure Pipe
Maintenance Agreement Required: ☐ Yes ☒ No

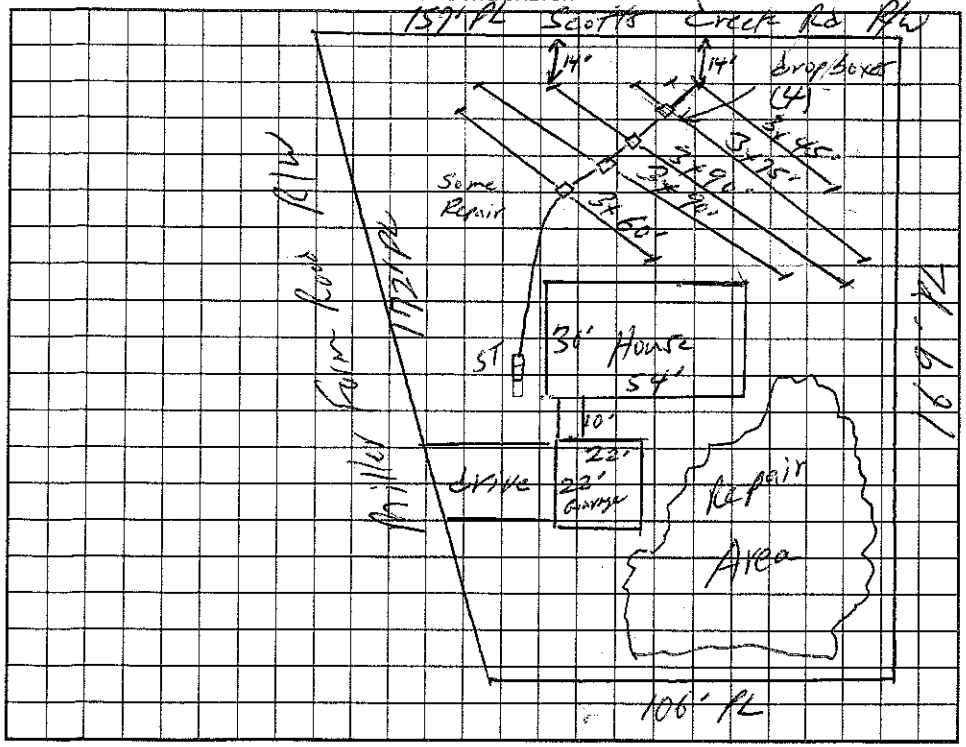
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

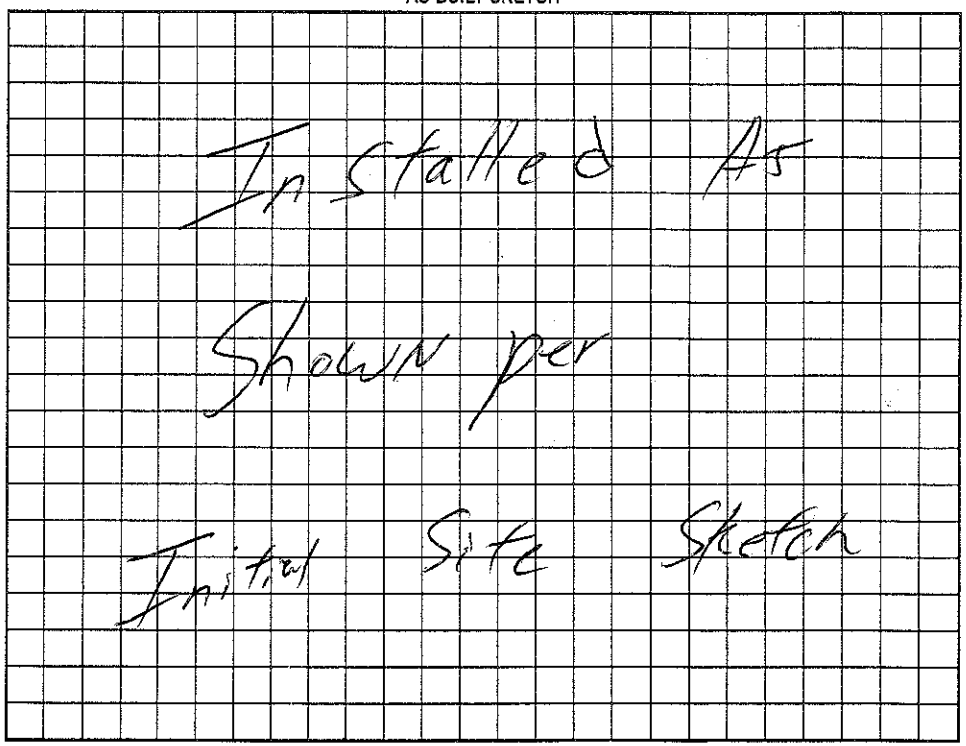
Comments:/Conditions: ① Do not install when wet

Comments:/Conditions:
- Tuff-Tite Filter + ST marker Installed
- 58 Infiltrator Chambers 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: Samuel L. Scott date 3-24-03 Installed by: David Yountz

Improvement Permit by: William O. Johnson RS date 3/11/03 Operation Permit by: William O. Johnson date 9/4/03

Authorization to Construct by: William O. Johnson RS date 3/11/03 Existing System Inspection by: ____ date ____

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