IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 110910 PIN# 4726-82-0065 DATE 2/5/03

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

ADDRESS 2218 S. Chipley Ford Rd Statesville N.C. 28625

LOCATION Hwy 115 N, L Scotts Creek Rd, L Miller Farm Rd, L Cleon Cross Drive, 3rd on Right

SUBDIVISION Cross Creek BLOCK / SECTION 2 LOT 34 LOT AREA .344 Acres SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .30 sqft/ac

Septic Tank: 4000 Gallons; STB 1012 Date 10-8-02

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300

No Lines 6 (six) Trench Width 36" Max Trench Bottom Depth 30 Gravel Depth N/A

[X] New System [ ] Repair System Type: I, II, (III) IV, V, VI

System Description: Gravity, 25% Reduction

Repair System Description: Gravity/Pump, 50% Reduction

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home [ ] Mobile Home [ ] Business [ ] Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

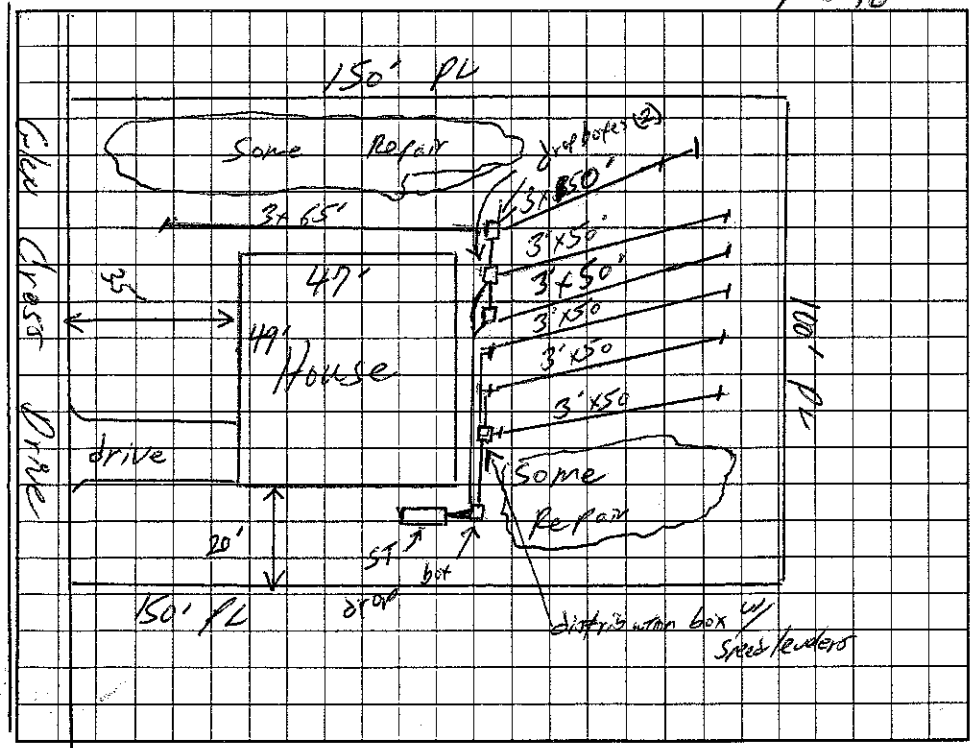
Water Supply: [ ] Individual [X] Public [ ] Community

Comments:/Conditions:

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- Turf Tite filter + ST Master
- 48 Infiltrator Chambers Installed

INITIAL SITE SKETCH 1" = 40'



AS BUILT SKETCH

Installed As Shown per Initial Site 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 G Scott date 2503 Installed by: David Yaunte

Improvement Permit by: William O. Johnson date 2/5/03 Operation Permit by: William O. Johnson date 6/6/03

Authorization to Construct by: William O. Johnson date 2/4/03 Existing System Inspection by: _____ date _____

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