IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (O) MOORESVILLE 704-664-5281

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

PERMIT# 123883 PIN# 4726-82-0216 DATE 9-20-04

OWNER OR CONTRACTOR SAMUEL G. SCOTT CONTRACTING CO, INC PHONE: Business 704-873-1391 Home 704-902-3230

ADDRESS 2278 S. CHIPLEY FORD ROAD, STATESVILLE, NC 28625

LOCATION NC 115 NORTH, TL SCOTTS CREEK ROAD, TL MILLER FARM ROAD, TL GLEN CROSS DRIVE, 2ND LOT ON LEFT

SUBDIVISION CROSS CREEK BLOCK / SECTION II LOT 25 LOT AREA 15,234.3 SF SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT2

Septic Tank: 1000 Gallons; STB 1012 Date 7-24-04
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet EQ. TO 1200 Linear Feet 300
No Lines FIVE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: 25% REDUCTION, GRAVITY
Repair System Description: 50% REDUCTION, PUMP, GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No

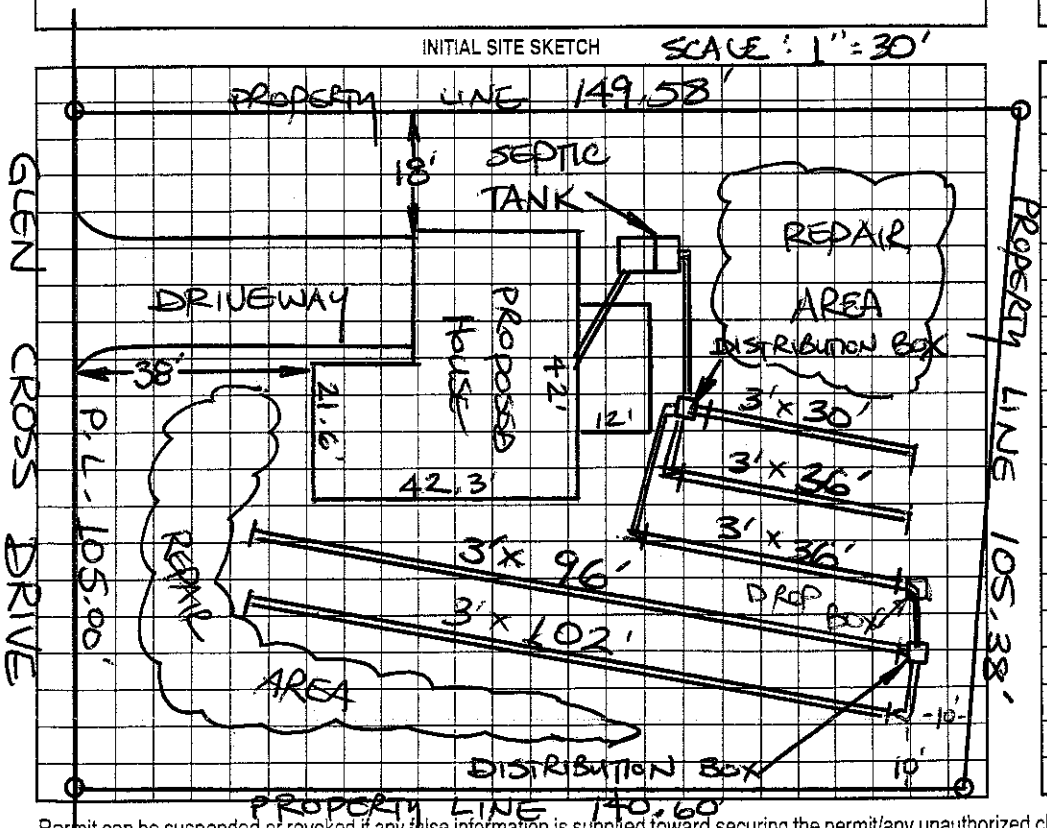
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions: INSTALL 25% REDUCTION SYSTEM AS CLOSE TO CONTOUR AS POSSIBLE (NCAC 18A .1955(9))

Comments:/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "POLY LOK" FILTER

INITIAL SITE SKETCH SCALE: 1" = 30'



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO 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 9-20-04

Improvement Permit by: STEVE HEDRICK date 9-20-04

Authorization to Construct by: STEVE HEDRICK date 9-20-04

Installed by: DAVID YOUNTZ

Operation Permit by: STEVE HEDRICK date 2-7-05

Existing System Inspection by: ____ date ____

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