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# 4726-82-1064 DATE 2/5/03

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

ADDRESS 2278 S. Chipley Ford Rd Statesville, N.C. 28625

LOCATION Hwy 115 N, (L) Scotts Creek Rd, (L) Miller Farm Rd, (R) Glen Cross Dr, 4th on Right

SUBDIVISION Cross Creek BLOCK / SECTION 2 LOT 33 LOT AREA .34 Acres SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .30

Septic Tank: 1000 Gallons; STB 1012 Date 11-19-02
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet Easy 200 Linear Feet 300'
No Lines 6 Trench Width 36" Max Trench Bottom Depth 32" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: Gravity, 25% Reduction
Repair System Description: Gravity, Rep 50% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No

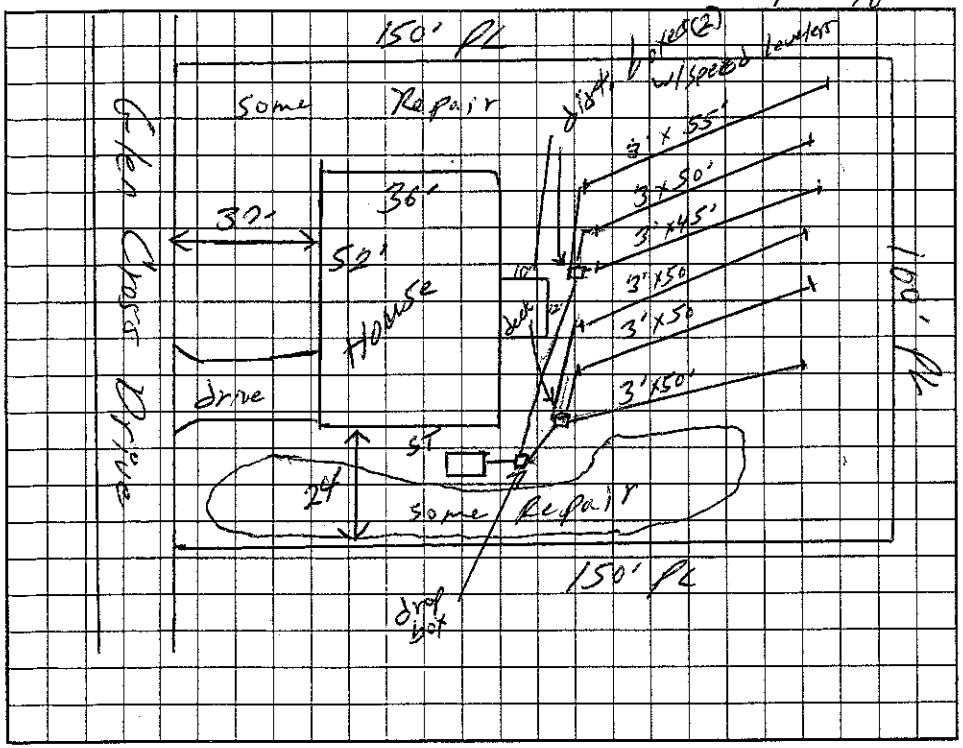
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions: (1) Install lines on contour (2) Install one drop box + two (2) distr. boxes as shown

Comments:/Conditions: Tuff Tite Filter + 5 Marker - 48 Inf. Filter Chamber 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 2-5-03 Installed by: David Younts

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 2/5/03 Existing System Inspection by: ____ date ____

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