IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 119459 PIN# 4726-82-1213 DATE 4/16/04

OWNER OR CONTRACTOR Samuel C. Scott PHONE: Business (704) 902-3230 Home —

ADDRESS 2208 S. Crosby Ford Rd, Statesville N.C. 28625

LOCATION Hwy 115 N @ Scotts Creek Rd @ Miller Farm Rd @ Glenn Cross Drive on Left

SUBDIVISION Cross Creek BLOCK / SECTION II LOT 26 LOT AREA .35 Acres SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .30 gpd/ft²

Septic Tank: 1,000 Gallons; STB 1012 Date 4-18-04
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Equ to Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1 Linear Feet 300
No Lines 7 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Conv. 25% Reduction
Repair System Description: LP Pipe
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

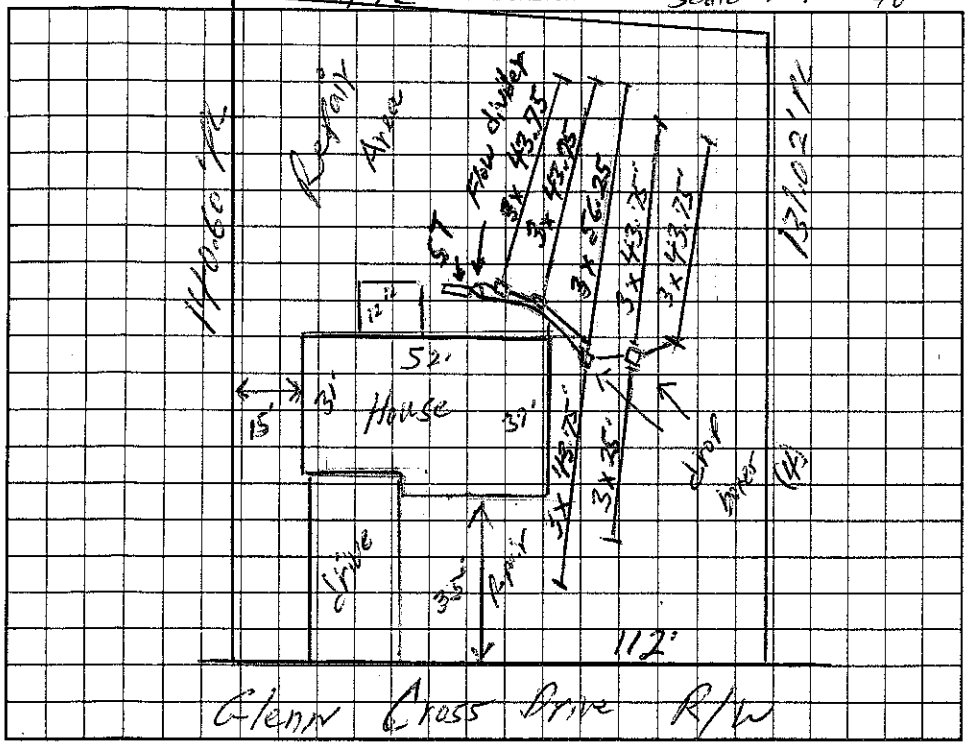
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

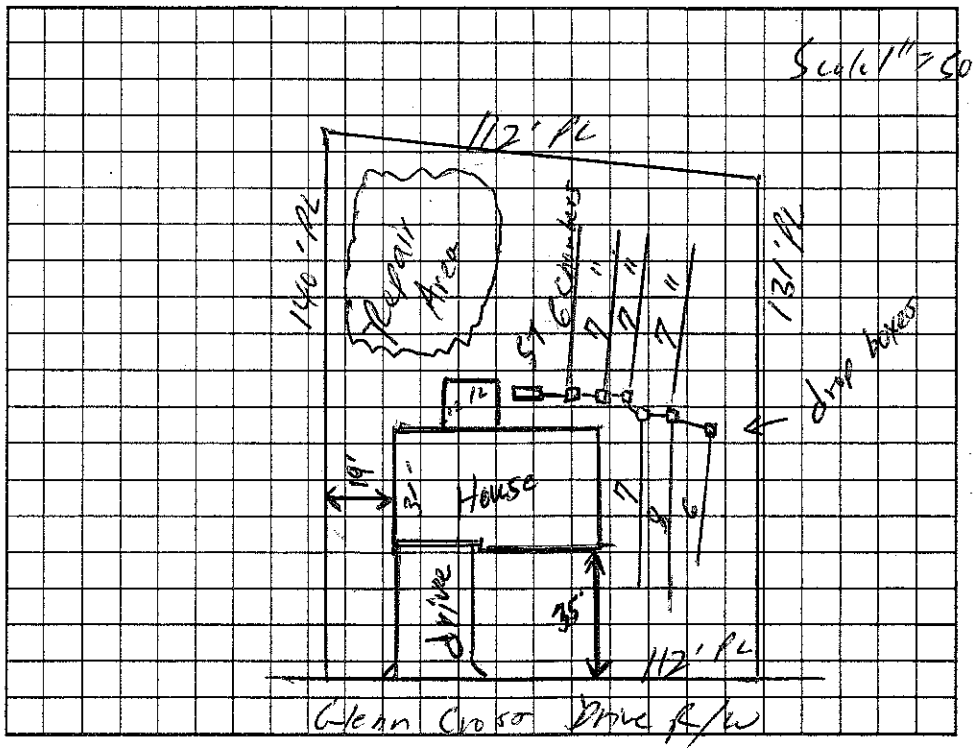
Comments:/Conditions: ① Install lines on Contour

Comments:/Conditions:
- Tuff-Tite filter + ST Marker
- 46 Infiltrator chamber Installed

INITIAL SITE SKETCH Scale = 1" = 40'



AS BUILT SKETCH Scale 1" = 50'



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: [signature] date 4-21-04 Installed by: Young Grading + Septic

Improvement Permit by: William O. Johnson date 4/16/04 Operation Permit by: William O. Johnson date 8/30/03

Authorization to Construct by: William O. Johnson date 4/16/04 Existing System Inspection by: ____ date ____

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