IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 1194 60 PIN# 4726-82-2220 DATE 4-12-04

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

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

LOCATION Hwy 115 N (2) Scotts Creek (2) miles Farm (2) on Glen Cross Drive 1st on left rear end

SUBDIVISION Cross Creek BLOCK / SECTION II LOT 27 LOT AREA .35 Acres SITE CLASS. 05 DESIGN FLOW 360 L.T.A.R. .30

Septic Tank: 1000 Gallons; STB 10/2 Date 4-20-04
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No. Fields 1 Square Feet En to 1200 Linear Feet 300'
No Lines Four (4) Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☒ New System ☐ Repair System Type: I, II, (III) IV, V, VI
System Description: Gravity, 25% Reduction
Repair System Description: 2 Panels
Maintenance Agreement Required: ☐ Yes ☒ No

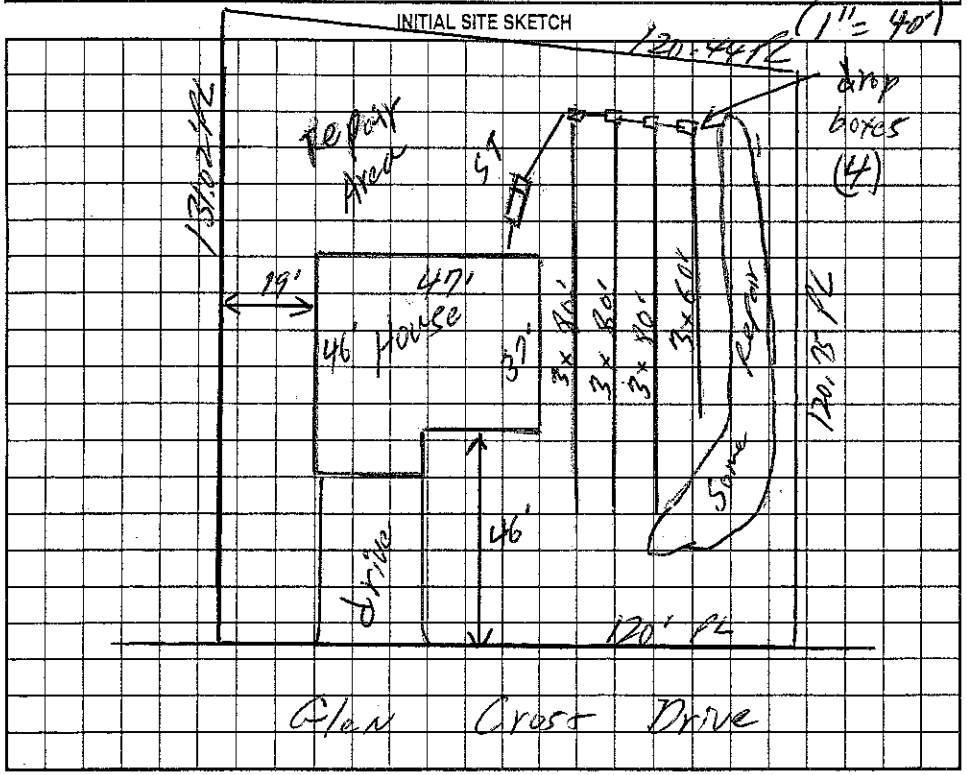
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions: (1) Install lines on contour

Comments:/Conditions:
- Tank - Tite filter + ST marker
- 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 A Scotts date 4-21-04 Installed by: David Yountz

Improvement Permit by: William O. Johnson date 4-12-04 Operation Permit by: William O. Johnson date 8-30-04

Authorization to Construct by: William O. Johnson date 4-12-04 Existing System Inspection by: ____ date ____

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