IREDELL COUNTY HEALTH DEPARTMENT

Paid 125.00

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

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

PERMIT# 91792 PIN# 4726822354 DATE 9-19-00

OWNER OR CONTRACTOR Samuel G. Scott PHONE: Business Home 873 1391

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

LOCATION 122 Cross Creek Dr. 415N TL Scotts Creek TL Miller Fm TL Cross Creek on Rt before end

SUBDIVISION Cross Creek BLOCK / SECTION LOT 20 LOT AREA .79 acres SITE CLASS P5 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 6 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I. II. III. IV. V. VI

System Description: Gravity 2570 Reduction

Repair System Description: Pump TD 5920 Reduction

Maintenance Agreement Required: ☐ Yes ☑ No

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

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

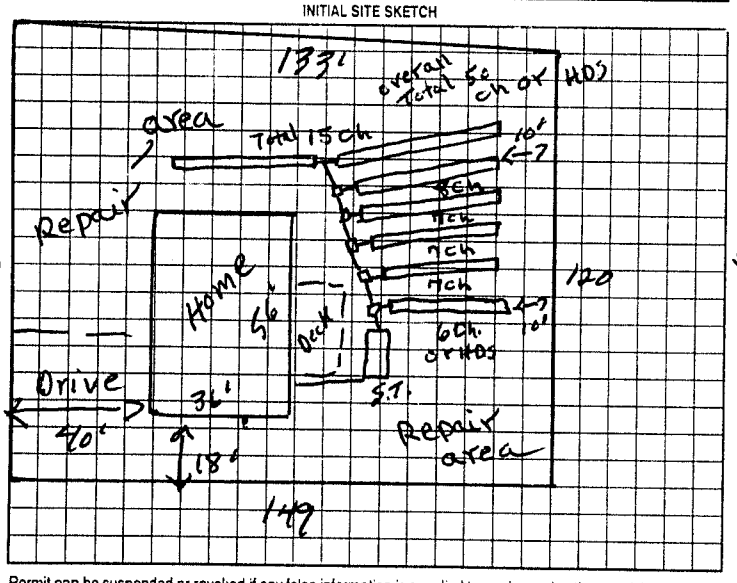
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions:

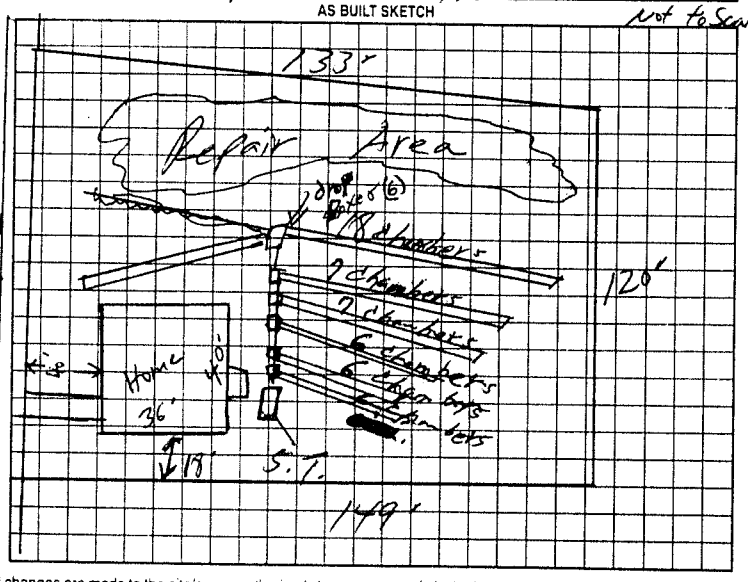
Comments:/Conditions:

-50 Infiltrator Chamber Installed
- Septic Tank Risers
- Polylok filter Installed

INITIAL SITE SKETCH



AS BUILT SKETCH Not to Scale



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 10-2-00 Installed by: David Younts

Improvement Permit by: J.C. Moore date 9-19-00 Operation Permit by: William O'John date 6/29/01

Authorization to Construct by: J.C. Moore date 9-19-00 Existing System Inspection by: date

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