IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 073265 PIN# 4726 82 4301 DATE 4-22-98

OWNER OR CONTRACTOR SAMUEL SCOTT PHONE: Business Home 873-1391

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

LOCATION NC 115 N, TL SCOTTS CREEK ROAD, 4TH LOT ON LEFT, BEFORE MILLER FARM ROAD

SUBDIVISION CROSS CREEK BLOCK / SECTION 1 LOT 6 LOT AREA 18,523.2 SF SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 5-7-98
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
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: CONVENTIONAL GRAVITY
Repair System Description: PPSPS-LPP
Maintenance Agreement Required: ☐ Yes ☑ No

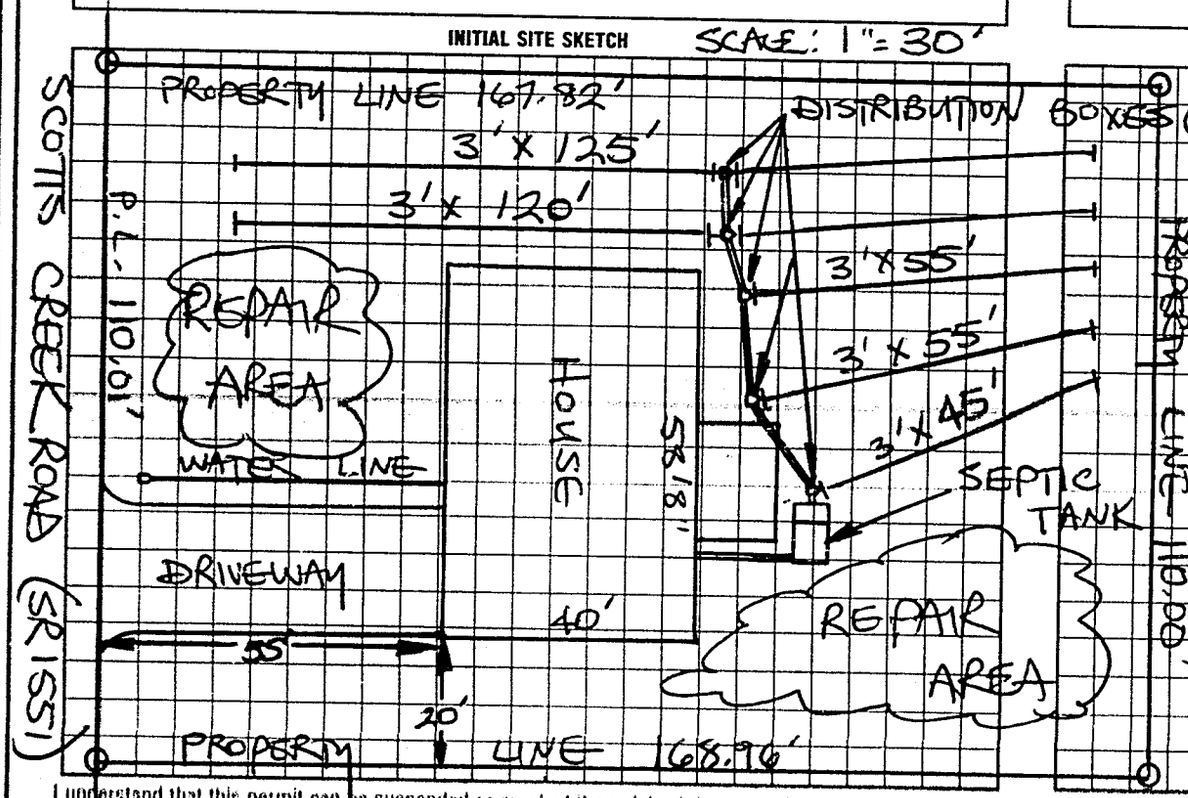
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions:

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INITIAL SITE SKETCH SCALE: 1" = 30'



AS BUILT SKETCH

Installed as shown

I understand that this 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 S. Scott date 4-22-98

Improvement Permit by: STEVE HEDRICK date 4-22-98

Authorization to Construct by: STEVE HEDRICK date 4-22-98

Installed by: David Younts

Operation Permit by: [illegible] date 7-15-98

Existing System Inspection by: ____ date ____

HEALTH DEPT COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD

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