IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 095365 PIN# 4722682351 DATE 5/24/01

OWNER OR CONTRACTOR Samuel G. Scott PHONE: Business (704)902-3230 Home (704)873-7391

ADDRESS 2276 S. Clyde Ford Rd Statesville NC 28625

LOCATION Hwy 115 N. (L) Scotts Creek Rd (R) Miller Farm Rd (L) Cross Creek Drive

SUBDIVISION Cross Creek BLOCK / SECTION 2 LOT 15 LOT AREA .34 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1,000 Gallons: STB 1012 Date 3-25-02
Pump Tank: ____ Gallons: PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300'
No Lines 6@50' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth ____

[X] New System [ ] Repair System Type: I, II, [III], IV, V, VI
System Description: 25% Reduction Gravity
Repair System Description: 50% Reduction Gravity
Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 2
[ ] Business No. Employees ____
[ ] Other ____

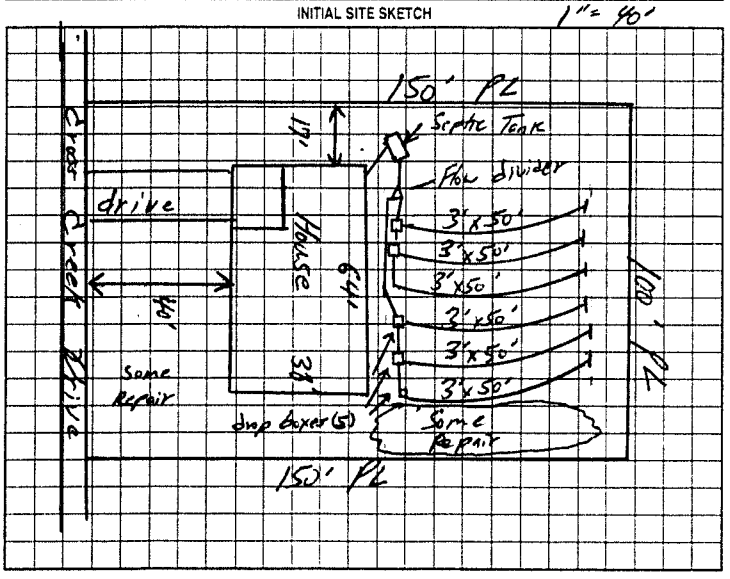
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [ ] Individual [X] Public [ ] Community

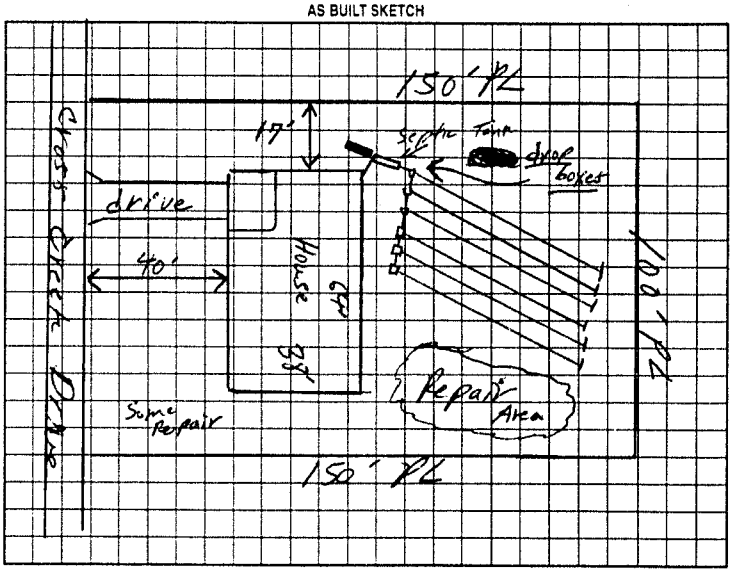
Comments/Conditions: ① Install 25% Reduction System using one (1) flow divider tee and 30-10' HOES Sections or 50 Chambers ② Install lines on Contour

Comments/Conditions: -Polylok filter Installed -ST Riser Installed -50 Infiltrator Chambers Installed

INITIAL SITE SKETCH 1" = 40'



AS BUILT 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: [signature] date 6-25-01 Installed by: David Yountz

Improvement Permit by: [signature] date 5/24/01 Operation Permit by: William O. Johnson date 5/24/02

Authorization to Construct by: [signature] date 5/24/01 Existing System Inspection by: ____ date ____

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