IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 114709 PIN# 4726-82-5152 DATE 1-8-04

OWNER OR CONTRACTOR SAMUEL G. SCOTT PHONE: Business 704-902-3230 Home 704-873-1391

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

LOCATION NC 115 N, TL SCOTTS CREEK RD, TL MILLER FARM ROAD, TL GLEN CROSS DRIVE LOT AT END ON LEFT

SUBDIVISION CROSS CREEK BLOCK / SECTION II LOT 28 LOT AREA 22,403.6 SF SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.50 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 10-29-03
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 720+ Linear Feet 240+
No Lines FIVE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 36"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: 25% REDUCTION, GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No

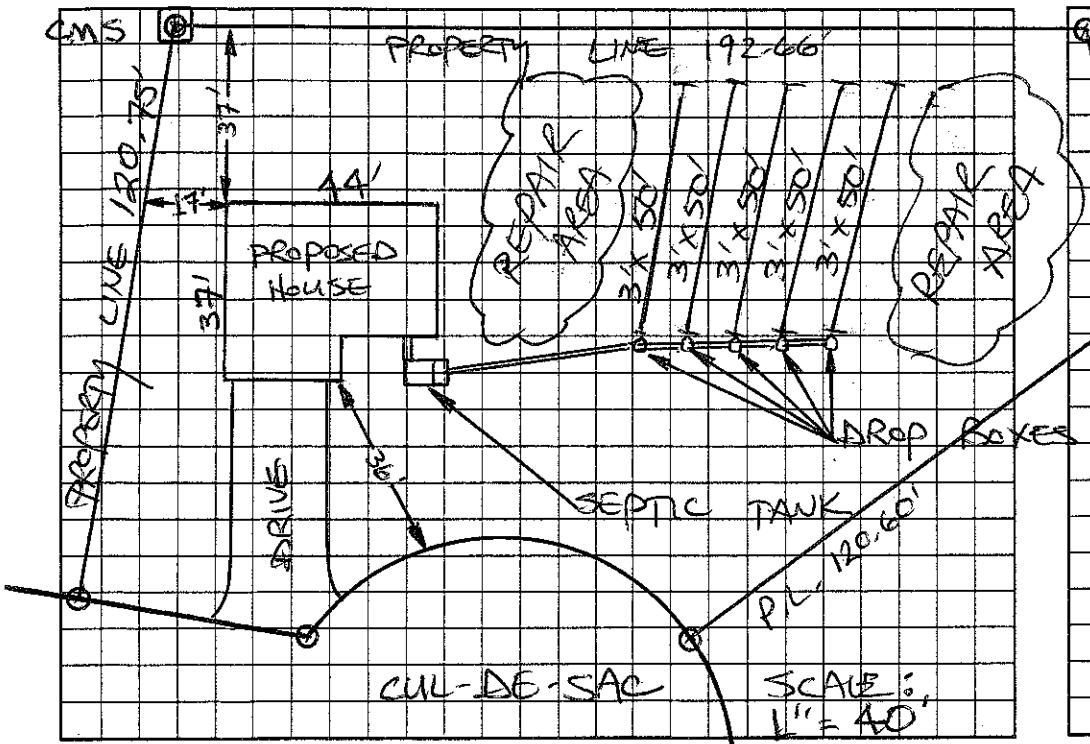
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

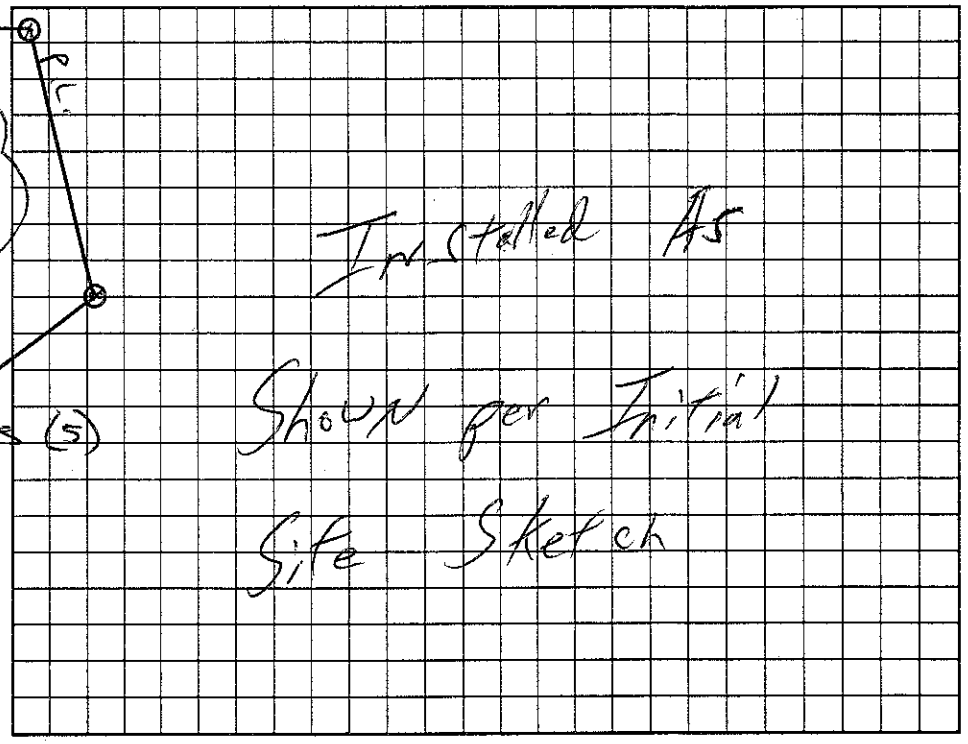
Comments:/Conditions: INSTALL LINES ON CONTOUR AS FLAGGED. SEPTIC TANK LOCATION MAY VARY FROM SHOWN.

Comments:/Conditions: - ST marker & Tuff-Tite filter installed

INITIAL SITE SKETCH



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: David A. Scott date 1-8-04
Improvement Permit by: STEVE HEDRICK date 1-8-04
Authorization to Construct by: STEVE HEDRICK date 1-8-04

Installed by: David Yountz
Operation Permit by: William O. Johnson date 4/29/04
Existing System Inspection by: ____ date ____

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