IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 130823 PIN# 4726827368 DATE ~~8-31-05~~ 9-1-05

OWNER OR CONTRACTOR Samuel Scott PHONE: Business 704-902-3230 Home 704-873-1391

ADDRESS 2278 Ripley Ford Rd Statesville NC

LOCATION 115 N to Scotts Creek Rd property on left across from Brogan Rd. 3

SUBDIVISION Cross Creek BLOCK / SECTION III LOT 1 LOT AREA ____ SITE CLASS. RS DESIGN FLOW 360 L.T.A.R. ____

Septic Tank: 1000 Gallons; STB/ND ____ Date 6-8-05

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields ____ Square Feet 1200 Linear Feet 300

No Lines 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: 25% - Gravity

Repair System Description: 25% Gravity

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other ____

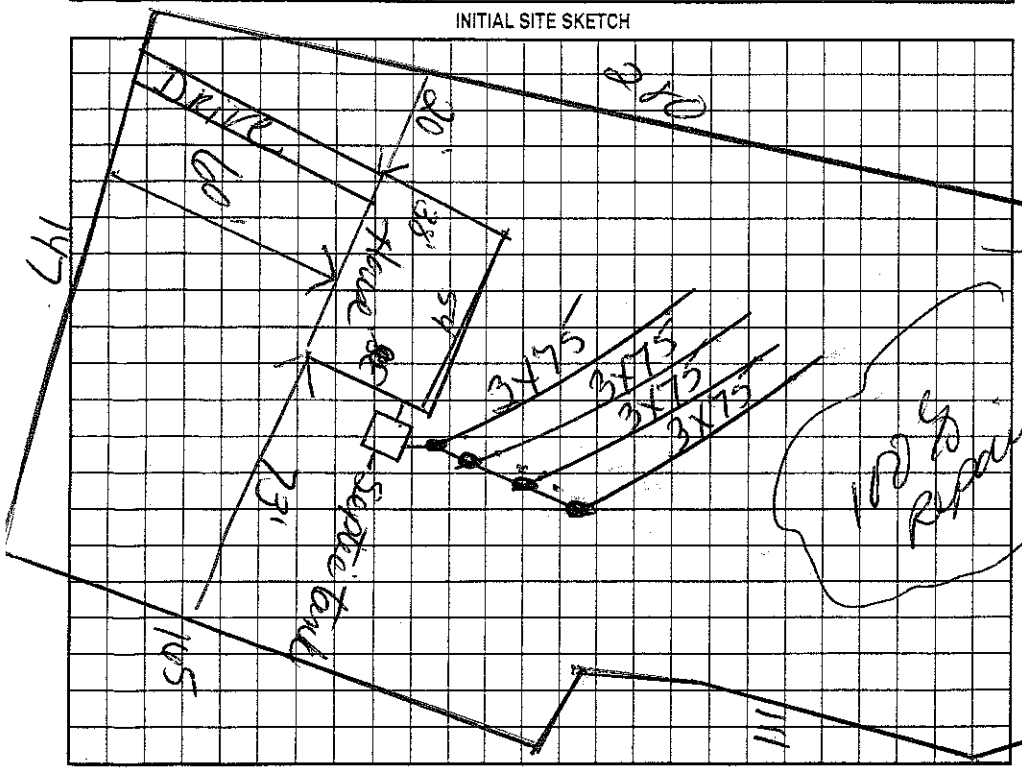
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

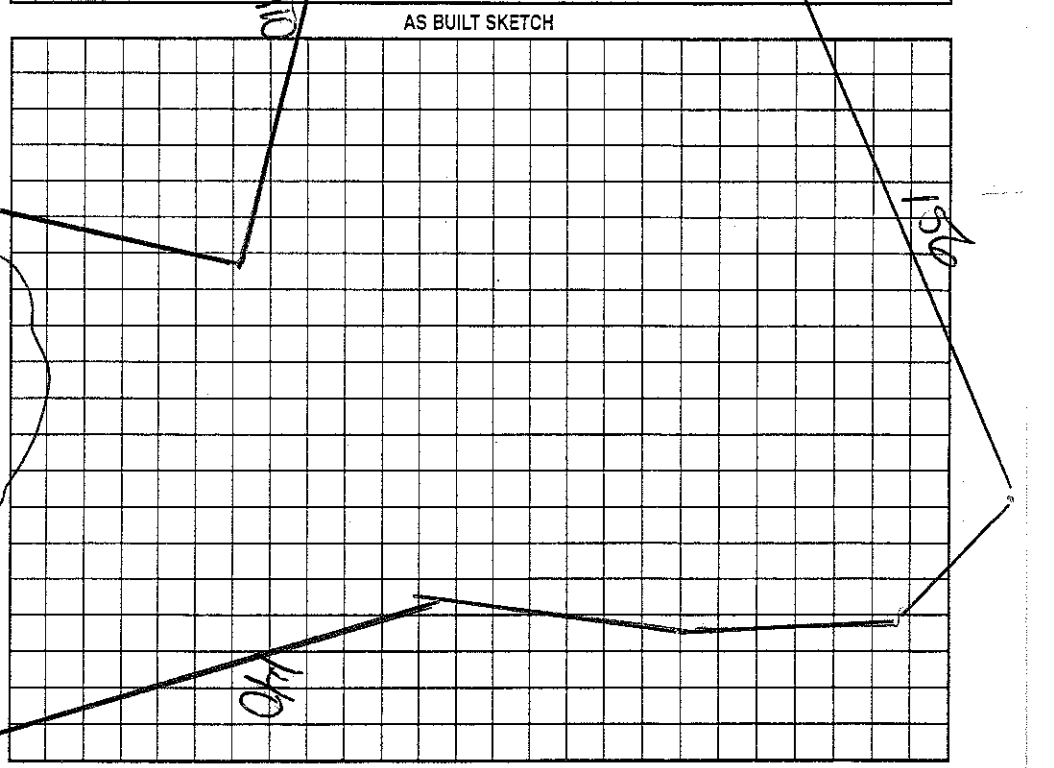
Comments:/Conditions: Install on Contour
Maintain all setbacks

Comments:/Conditions:
Yellow Tape to be pulled when Septic Tank & Lines are 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: Samuel D Scott date 9-1-05 Installed by: DAVID Yount

Improvement Permit by: Kelly Cook date 9-1-05 Operation Permit by: Kelly Cook date 2-10-20

Authorization to Construct by: Kelly Cook date 9-1-05 Existing System Inspection by: ____ date ____

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