IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 134612 PIN# ~~4726920304~~ 4726920304 DATE 3-2-04

OWNER OR CONTRACTOR Samuel G. Scott Contracting PHONE: Business ______ Home 704-873-1391

ADDRESS 2278 S Chipley Ford Statesville NC 28625

LOCATION 115 N (L) Scotts Creek lots on left

SUBDIVISION Cross Creek BLOCK / SECTION III LOT 38 LOT AREA .97 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1000 Date 10-10-05

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 ______

☑ New System ☐ Repair System Type: I, (II), III, IV, V, VI

System Description: 25% Gravity

Repair System Description: 25% 4 LPP

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms ______

☐ Business No. Employees ______

☐ Other ______

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

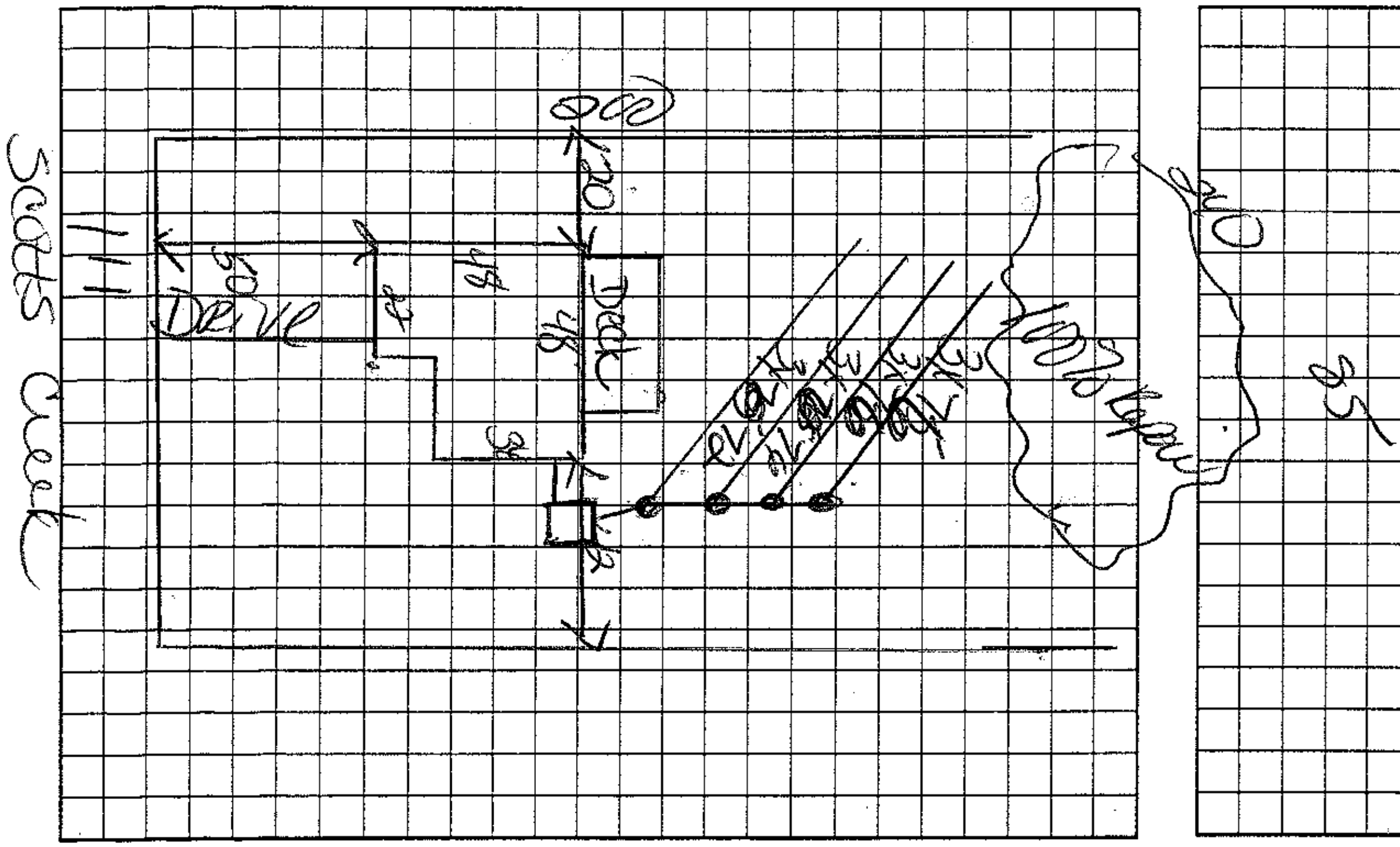
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions:
Install on Contour
Maintain all setbacks

Comments:/Conditions:
Yellow Inf-Lite
Septic tank Maker

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. Jewel date ______ Installed by: DAVID YOUNTZ

Improvement Permit by: Kelly Cook date 3-2-06 Operation Permit by: Kelly Cook date 5-25-04

Authorization to Construct by: Kelly Cook date 3-2-06 Existing System Inspection by: ______ date ______

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