IREDELL COUNTY HEALTH DEPARTMENT

See attached permit for garage addition

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

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

(C1)

PERMIT# 13401 PIN# 4735-39-7366 DATE 4-25-06

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

ADDRESS 2278 S. CHIPLEY FORD RD, STATESVILLE NC 28625

LOCATION NC 115 N, TR S. CHIPLEY FORD RD, TL CANOPY OAK LANE, LOT ON RIGHT 2ND BEFORE END

SUBDIVISION MEADOW OAKS BLOCK / SECTION II LOT 94 LOT AREA 0.747 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 2-15-06

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No. Fields 1 Square Feet 600 TO 1200 Linear Feet 200

No Lines FOUR Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth SAND 24"

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

System Description: 50% REDUCTION, GRAVITY

Repair System Description: 50% REDUCTION, 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

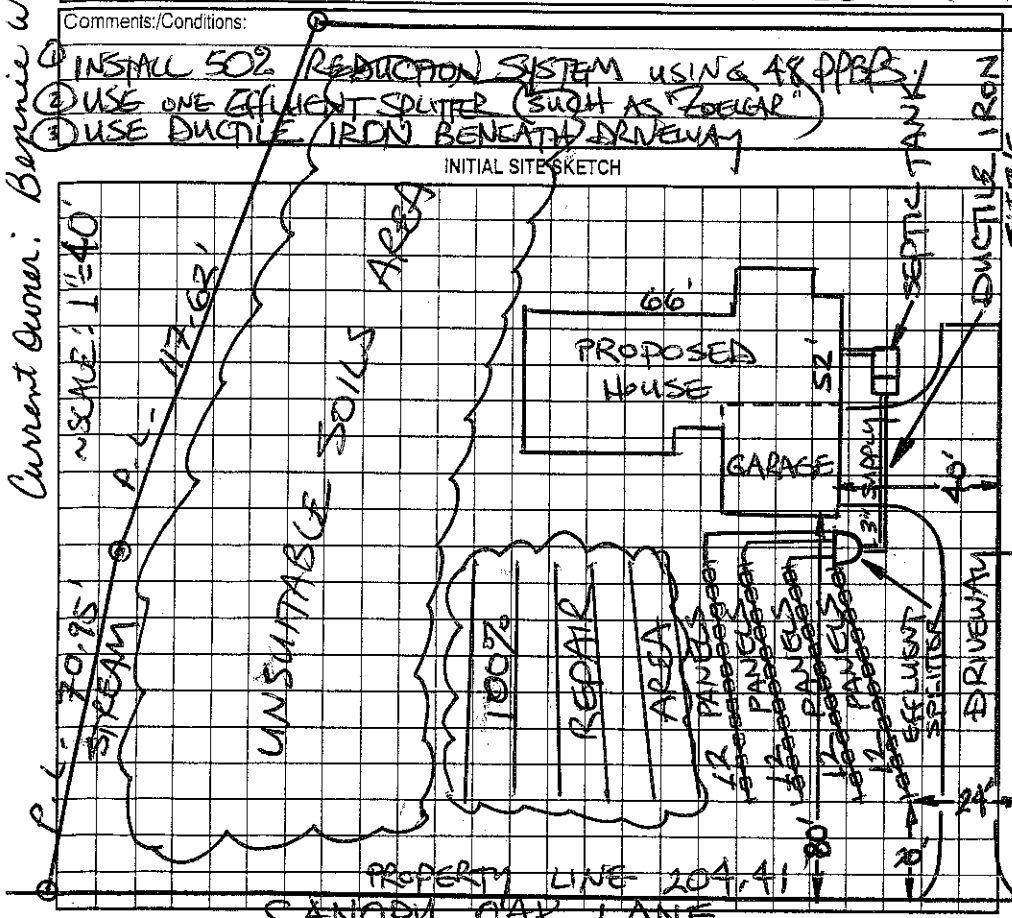
Comments:/Conditions:

1. INSTALL 50% REDUCTION SYSTEM USING 4" PIPES.
2. USE ONE EFFLUENT SPLITTER (SUCH AS "ZOELLER")
3. USE DUCTILE IRON BENEATH DRIVEWAY

Comments:/Conditions:

Yellow Filter
ST marker

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 G. Scott date 4-26-06 Installed by: David Yountz

Improvement Permit by: STEVE HEDRICK date 4-25-06 Operation Permit by: James date 11/2/06

Authorization to Construct by: STEVE HEDRICK date 4-25-06 Existing System Inspection by: ____ date ____

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

Current Owner: Bonnie Wilson

Site address: 174 Canopy Oak