EDELL COUNTY HEALTH DEPARTMENT

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

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

DATE 4-25-06

NIT# 134011 PIN# 4735-39-7366 PHONE: Business 704 902-3230 Home 704-873-1891

ER OR CONTRACTOR SAMUEL G. SCOTT CONTRACTING

RESS 2278 S. CARDEN FORD RD, STATESVILLE NC 28625

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

DIVISION 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

ptic Tank: 1000 Gallons: STB _____ Date _____

mp Tank: _____ Gallons: PT _____ Date _____

mp Make: _____ Model _____ Serial No. _____

trification Field: No Fields 1 Square Feet 600 1200 Linear Feet 200

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, CLASS V

Repair System Description: 50% REDUCTION, CLASS V

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 w/o plumbing

Water Supply: ☐ Individual ☐ Public ☐ Community

mments:/Conditions:

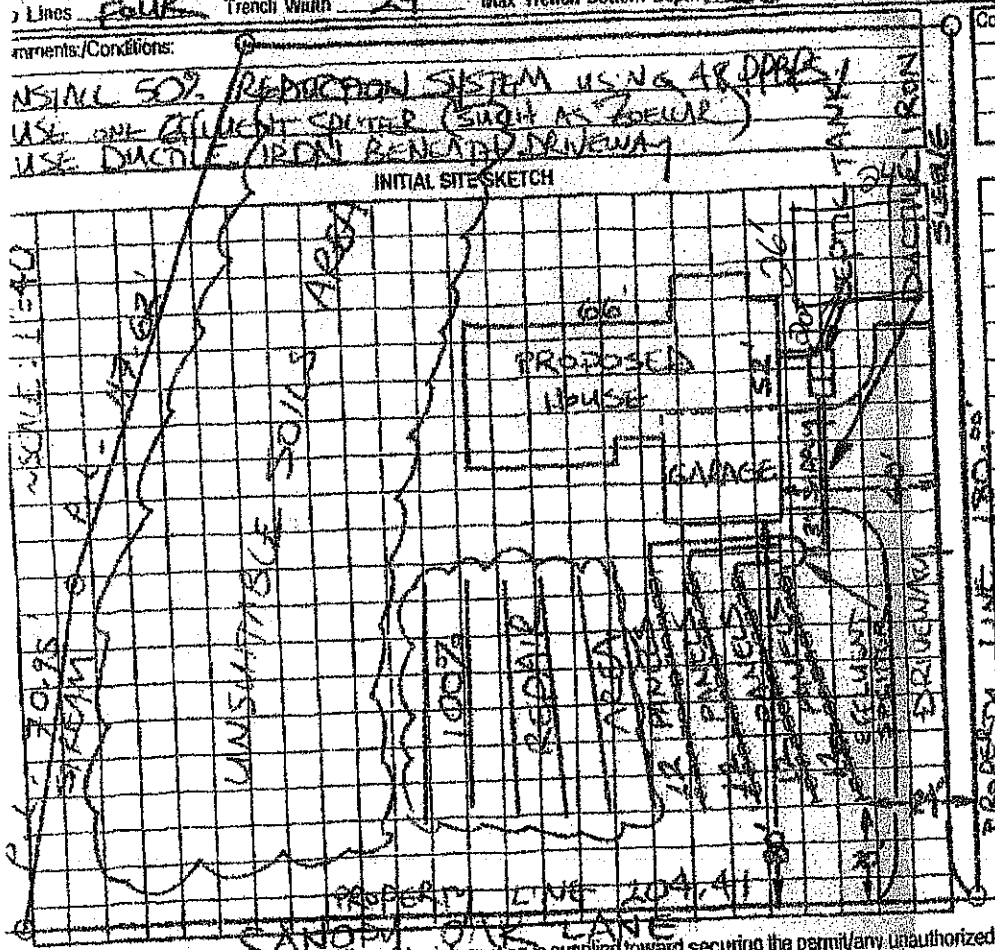
NSING 50% REDUCTION SYSTEM USING ARC 24"

USE ONE EFFLUENT SPLITTER (SUCH AS ZOELLER)

USE DUCTILE IRON BENEATH DRIVEWAY

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

The proposed GARAGE addition does not appear to impact the existing septic system.

**NOTE: Keep SITING all parts of septic system. R.S.

Date: 27 May 10

ICHD-Environmental Health Division

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: _____ date 4-25-06 Installed by: _____ date _____

Improvement Permit by: STEVE HENDRICK date 4-25-06 Operation Permit by: _____ date _____

Authorization to Construct by: STEVE HENDRICK date 4-25-06 Existing System Inspection by: _____ date _____

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