IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 92274 PIN# 4756 33 9136 DATE 10/20/00

OWNER OR CONTRACTOR Marilyn Scott PHONE: Business _____ Home 872-6952

ADDRESS 221 Brook view Rd Statesville NC 28625

LOCATION 21N, R Jane Sowers, R Crawford, L Brookview, on Lt

SUBDIVISION _____ BLOCK / SECTION — LOT — LOT AREA 6.93 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.5

Septic Tank: 1000 Gallons; STB 3/2 Date 12-4-00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 6 Trench Width 36" Max Trench Bottom Depth 36"

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI
System Description: Gravity Conv.
Repair System Description: Gravity/Pump Panel
Maintenance Agreement Required: [ ] Yes [X] No
Gravel Depth 12" [X] Slab [ ] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

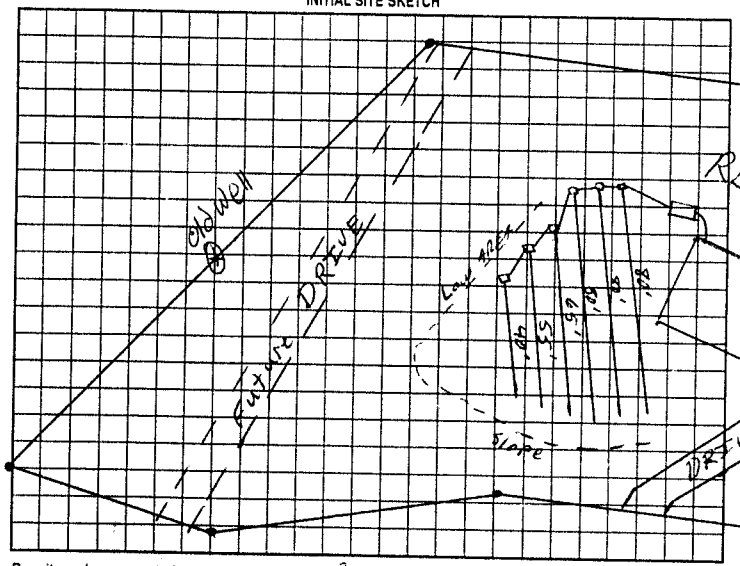
[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 2
[ ] Business No. Employees _____
[ ] Other _____

Water Supply: [ ] Individual [X] Public [ ] Community

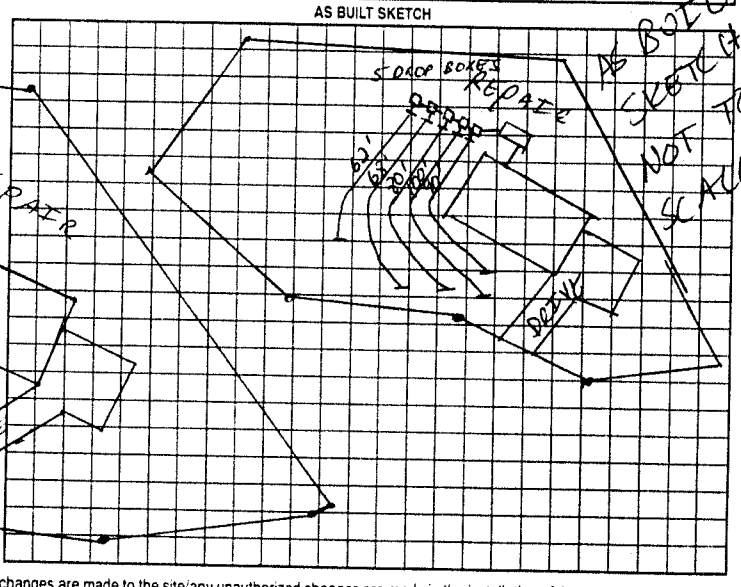
Comments:/Conditions:

Comments:/Conditions: INSTALLED WITH TUFFTITE FITERS
INSTALLED WITH 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: Marilyn L. Scott date 10/23/00 Installed by: BIG M CONSTRUCTION

Improvement Permit by: [signature] RSI date 10/20/00 Operation Permit by: [signature] date 02-01-01

Authorization to Construct by: [signature] RSI date 10/20/00 Existing System Inspection by: _____ date _____

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