IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 15709 PIN# 4757466645

OWNER OR APPLICANT Samuel G. Scott Contracting Co, Inc. PHONE: Business 704 873 1391 Home

ADDRESS 2228 S Chipley Ford DATE 8-14-08

LOCATION Lone Poplar Dr. L 21 N, (L) on Maple Creek, (L) on Ravencrest, (L) on Sandalwood, (L) on Lone Poplar

SUBDIVISION Highlands BLOCK / SECTION LOT LOT AREA 1.7365 Ac. SITE CLASS. 15 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 1012 Date 8-25-08

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300

No Lines Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12/24

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: 25% Reduction Gravity

Repair System Description: 25% Reduction Gravity Pump

Maintenance Agreement Required: ☐ Yes ☒ No

☒ Gravity ☐ Pressure

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Persons No. Employees

Water Supply: ☐ Individual ☒ Public ☐ Community

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

Comments:/Conditions:

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

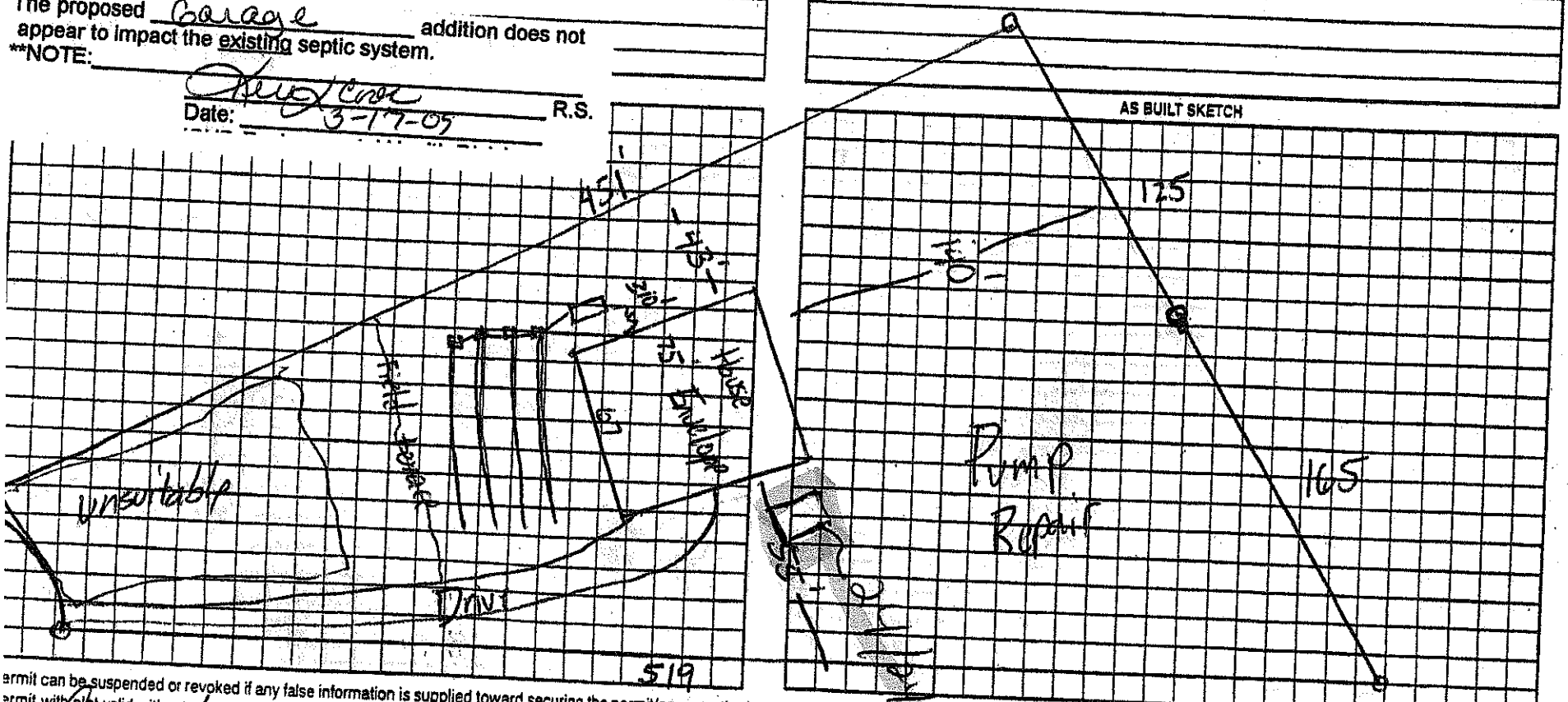
**NOTE:

R.S.

Date: 3-17-05

Comments:/Conditions:

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 ☒

Signed: date 8-18-08

Improvement Permit by: date 8-14-08

Authorization to Construct by: date 8-14-08

Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Installed by: Yountz Grading

Operation Permit by: date 2-25-09

Existing System Inspection by: date

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