IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 91941 PIN# 3774956631 DATE 9/20/00

OWNER OR CONTRACTOR Paul Groff / Clayton Homes PHONE: Business 875-2547 Home (716) 968-1397

ADDRESS 2026 Northside Dr. Statesville NC 28677

LOCATION I40, R Sharon School Rd L Stewart Rock, L Fulbright, R Gardner PT. on Lt past River cl. Ft

SUBDIVISION River Walk BLOCK / SECTION 8 LOT 11 LOT AREA 4.15 ac SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons: STB 1072 Date 3-4-01

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 3@133' Trench Width 36" Max Trench Bottom Depth 20"

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

System Description: Gravity Conv.

Repair System Description: Pump Conv.

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth 12" ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

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

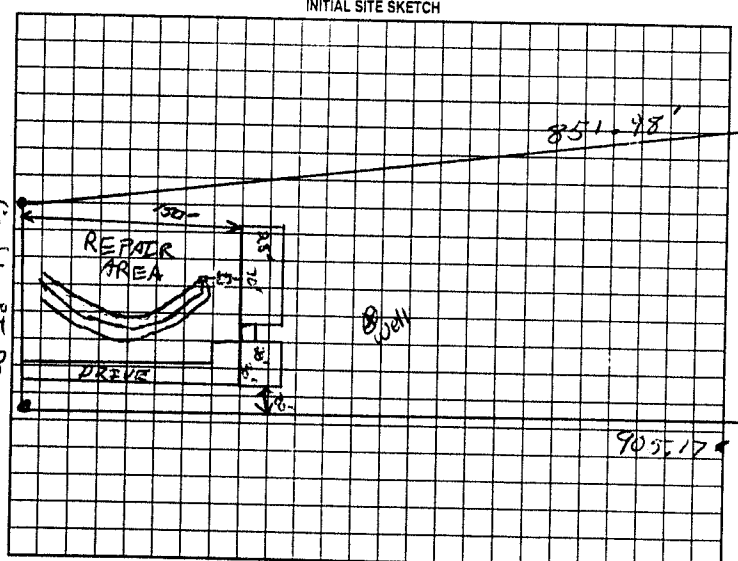
No. Bedrooms 3 No. Bathrooms 3½ No. Employees

Water Supply: ☒ Individual ☐ Public ☐ Community

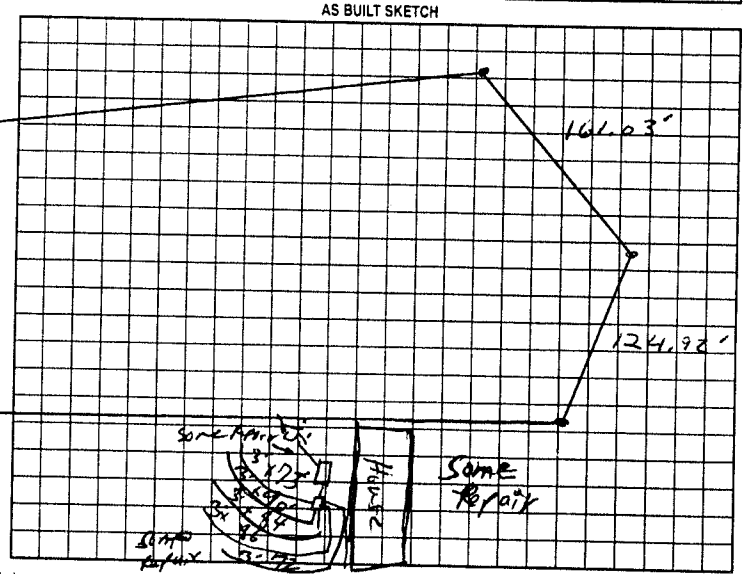
Comments:/Conditions:

Comments:/Conditions: Poly Lok Filter Installed
Sat. marker Installed
405 ft line Installed

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: Bill Vann date 10/3/00 Installed by: A-1 Backhoe

Improvement Permit by: RST date 9/20/00 Operation Permit by: William O. Johnson RST date 5/10/01

Authorization to Construct by: RST date 9/20/00 Existing System Inspection by: date

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