IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 224385

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

PIN # 3783899350

APPLICANT: Clayton Homes APPLICANT ADDRESS: 2026 Northside Dr Statesville NC

SITE ADDRESS: 761 Sharon School Rd Statesville NC PHONE: 704-873-2547 ALT. PHONE: 704-902-4659

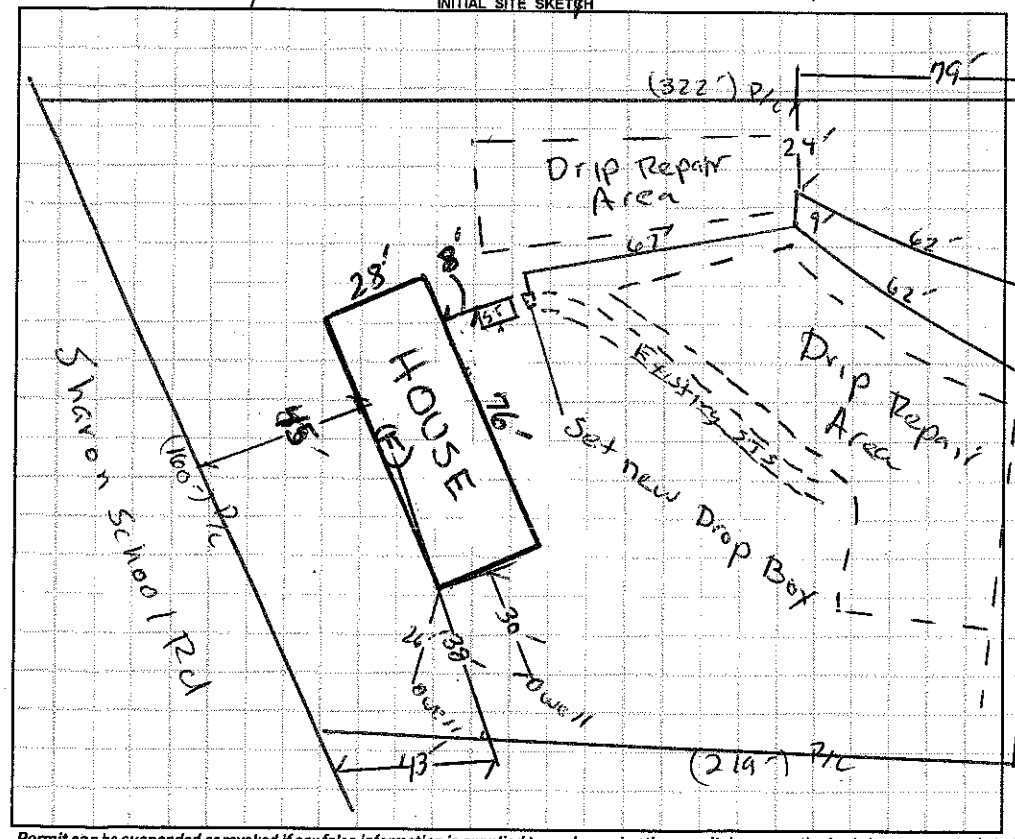
SITE DIRECTIONS: 40W T/R Sharon School Rd lot on left

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 1ac DESIGN FLOW: 360 L.T.A.R.: 0.25

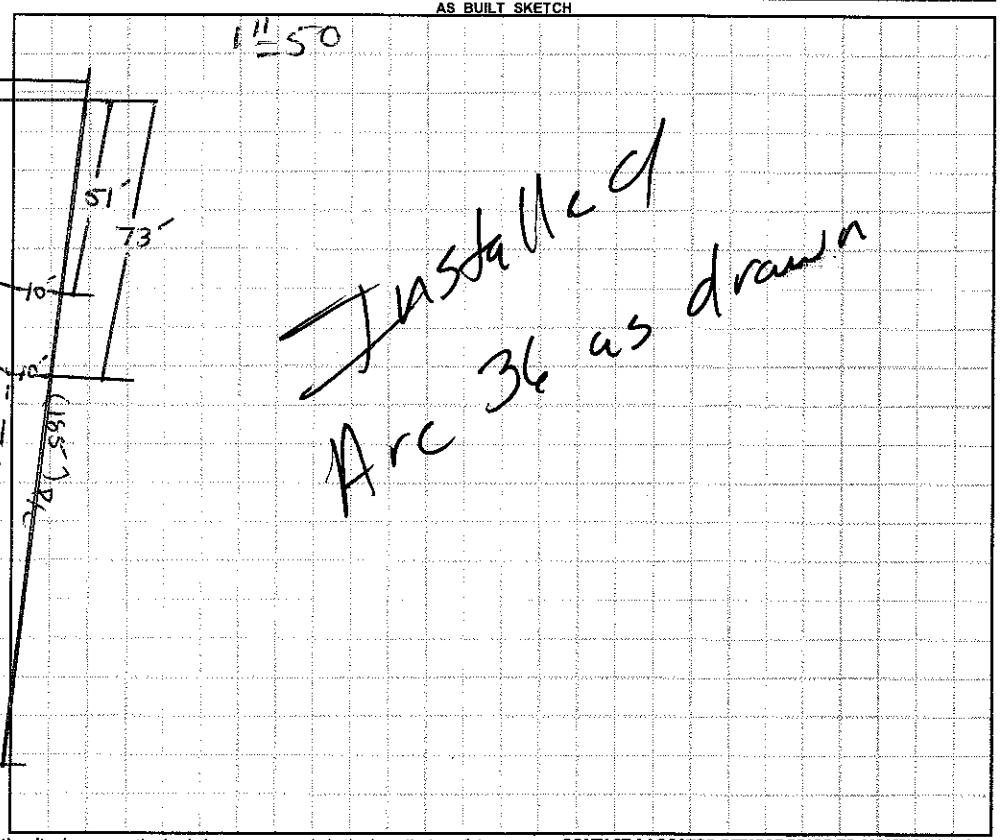
Septic Tank	Ex	(gal)	STB		Date		☐ New System ☐ Repair ☒ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank		(gal)	PT		Date		System Description:	25% Reduction	☐ Business	No. Persons	6	☒ Private
Pump Make		Model			Serial #		Repair System Description:	Drip	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	2		Linear Ft:	120'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36"	Max. Trench Bottom Depth	24"		Gravel Depth	N/A	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Install 25% reduction on contour with Serial distribution. Install new drop box on existing line. Check tank, check tee replace if needed

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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 02/15/17 Installed by: Abeels Grading + Clearing

IMPROVEMENT PERMIT by: Date: 02/15/17 OPERATION PERMIT by: Date: 04/17/17

AUTHORIZATION TO CONSTRUCT by: Date: 02/16/17 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK