IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 157666 PIN # 3784-32-[illegible]-9035 DATE 8-6-09

OWNER or APPLICANT (Clayton MH) Peggy Wallace PHONE: Business 704 873 2547 Home:

OWNER or APPLICANT ADDRESS 2026 Northside Drive

LOCATION / DIRECTIONS 178 Old Lion

SUBDIVISION n/a BLOCK / SECTION n/a LOT # n/a 2 LOT AREA .726 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank 1000 Gallons: STB 1012 Date 4-22-08
Pump Tank ____ Gallons: P T ____ Date ____
Pump Make ____ Model ____ Serial # ____
Nitrification Field No Fields 1 No Lines 3 Linear Feet 300
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth n/a

☒ New System ☐ Repair ☐ Expansion System Type I (II) III IV V VI
System Description: 25% Reduction
Repair System Description: 25% Reduction
Maintenance Agreement Required ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

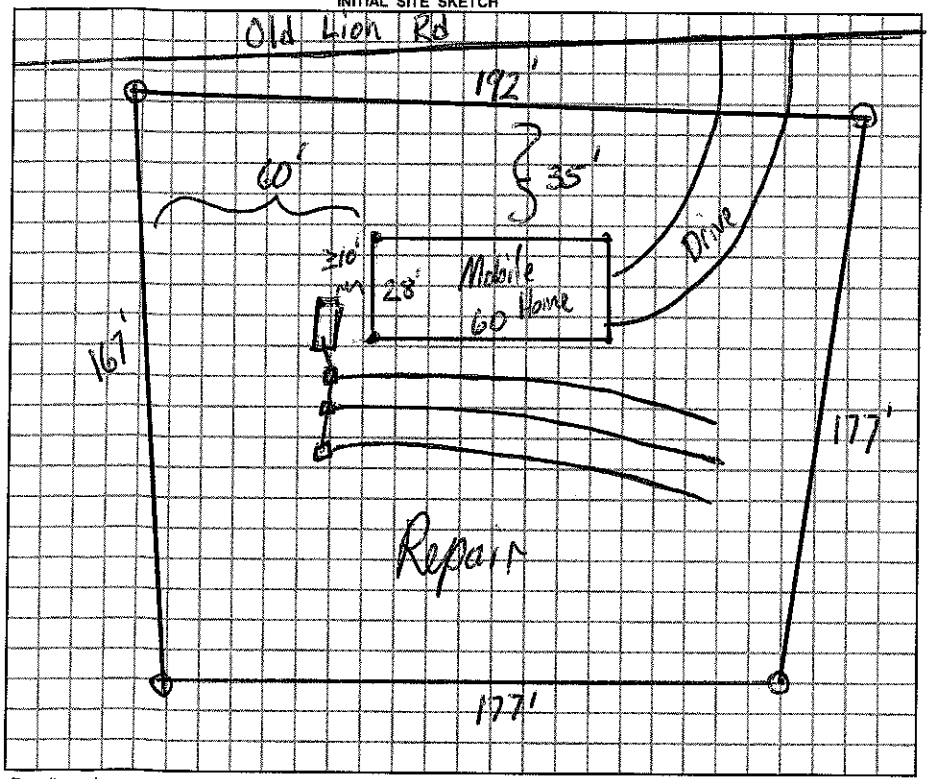
☒ Residence No. Bedrooms 3
☐ Business No. Persons ____
☐ Other No. Employees ____
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

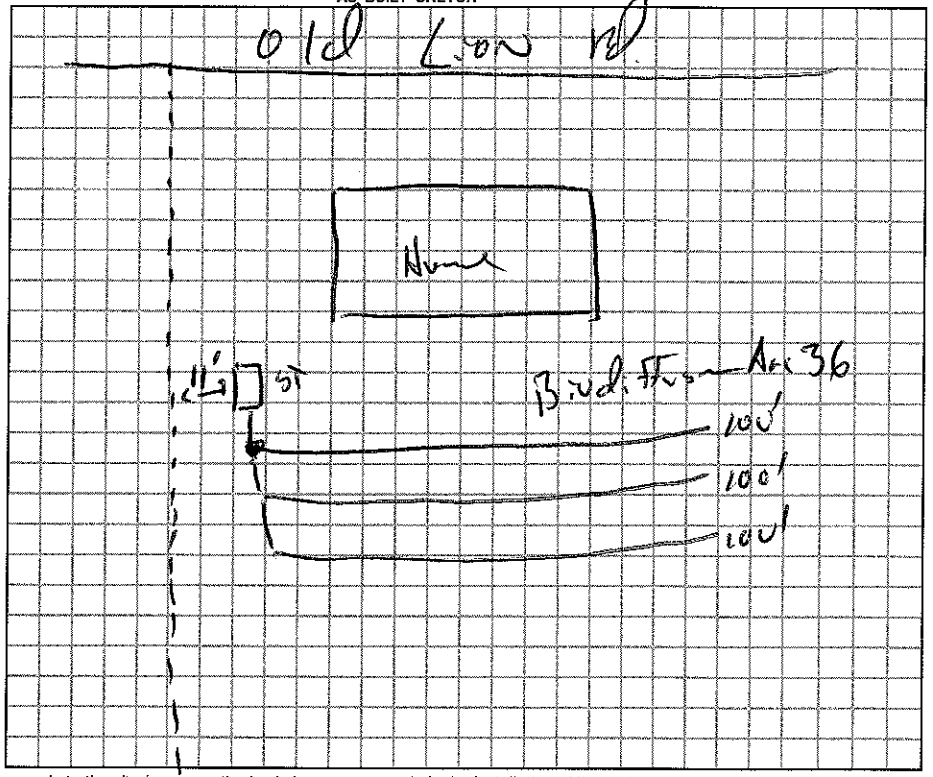
Comments / Conditions
(2) 3' x 100'

Comments / Conditions
Polylock fitting installed / ST has mark

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

Owner / Applicant Signature: [signature] Date 8/10/09

Improvement Permit by: [signature] Date 8-6-09

Authorization to Construct by: [signature] Date 8-6-09

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by: Ground breakers

Operation Permit by: [signature], R.S. Date: 27 August 09

Existing System Inspected by: ____ Date: ____

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant