IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (C) MOORESVILLE 704-664-5281

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

PERMIT# 136709 PIN# 3792-77-2020 63932 DATE 6-27-06

OWNER OR CONTRACTOR CLAYTON HOMES - STATESVILLE PHONE: Business 704-873-2547 Home

ADDRESS 2026 NORTHSIDE DRIVE STATESVILLE, NC 28677

LOCATION US 70 WEST, ON LEFT JUST PAST ASHLEY ACRES DRIVE

SUBDIVISION BLOCK / SECTION LOT LOT AREA 1.808 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GAD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 11-6-06
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No. Fields 1 Square Feet EQ TO 1200 Linear Feet 300
No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I (II) III IV V VI
System Description: 25% REDUCTION GRAVITY
Repair System Description: 25% REDUCTION, PUMP
Maintenance Agreement Required: ☐ Yes ☑ No

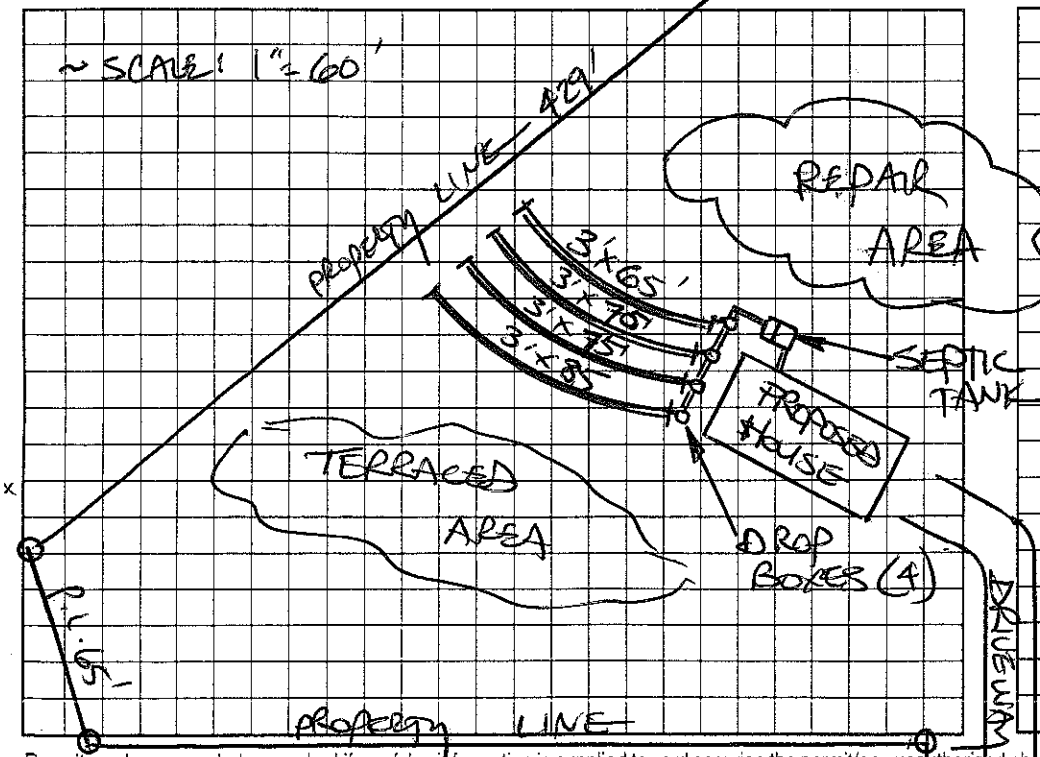
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms
☐ Business No. Employees
☐ Other
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

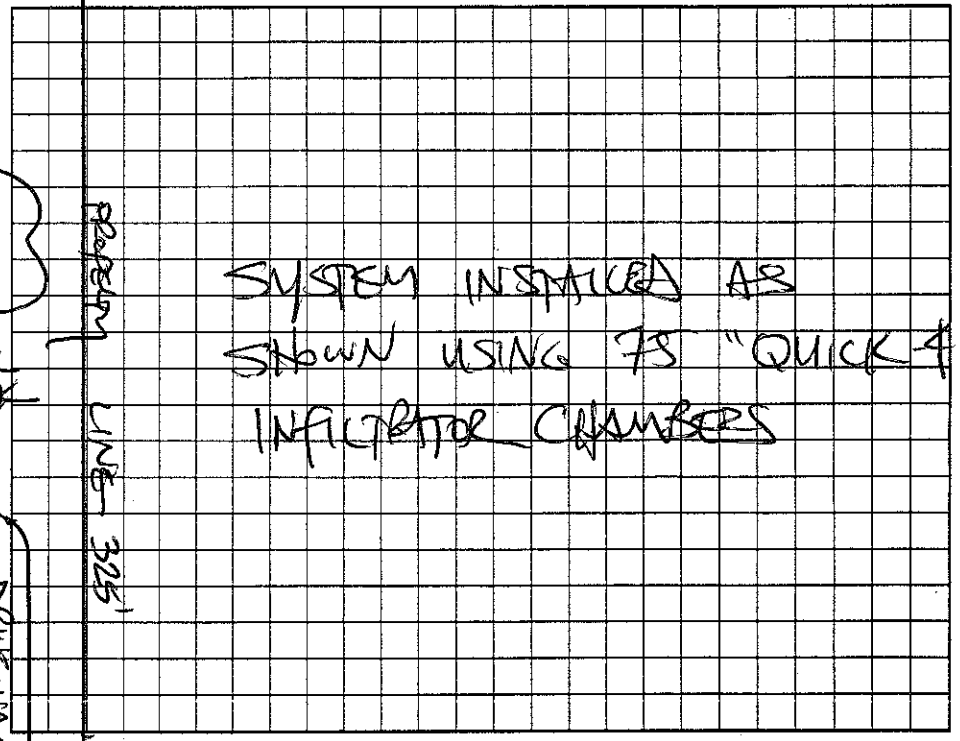
Comments/Conditions: INSTALL 25% REDUCTION SYSTEM ON CONTOUR AS FLAGGED

Comments/Conditions: SEPTIC TANK W/ MARKER INSTALLED USING "PUFFITE" FILLER

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: [signature] date 6/27/06 Installed by: A-1 BACKHOE

Improvement Permit by: STEVE HEDRICK date 6-27-06 Operation Permit by: STEVE HEDRICK date 6-29-06

Authorization to Construct by: STEVE HEDRICK date 6-27-06 Existing System Inspection by: date

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