IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 151602 PIN# 3793-54-3251

OWNER OR APPLICANT Clayton Homes - Statesville PHONE: Business 704-873-2547 Home DATE 24 July 08

ADDRESS 2026 Northside Drive Statesville, NC

LOCATION I-40W TL Sharon School Rd. TL Meck Mill - Cross Creek - Augusta Green Rt - TR Fleist - TR Big Buffalo

SUBDIVISION Augusta Green BLOCK / SECTION LOT 34 LOT AREA 1.51 ac. SITE CLASS. PS DESIGN FLOW 360g L.T.A.R. 0.39 ft²/ft

Septic Tank: 1000g Gallons; STB 760 Date 4-21-08

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

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

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36"

☑ 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

Gravel Depth ☑ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons

☐ Business No. Employees

☐ Other

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions: Follow Contour / Keep 15' from cut bank / Maintain setbacks.

Comments:/Conditions: Poly tank to be installed.

INITIAL SITE SKETCH

Please see Attached Layout

AS BUILT SKETCH

Installed as Drawn

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: Deeray Alee date 7-28-08

Improvement Permit by: R.S. date 24 July 08

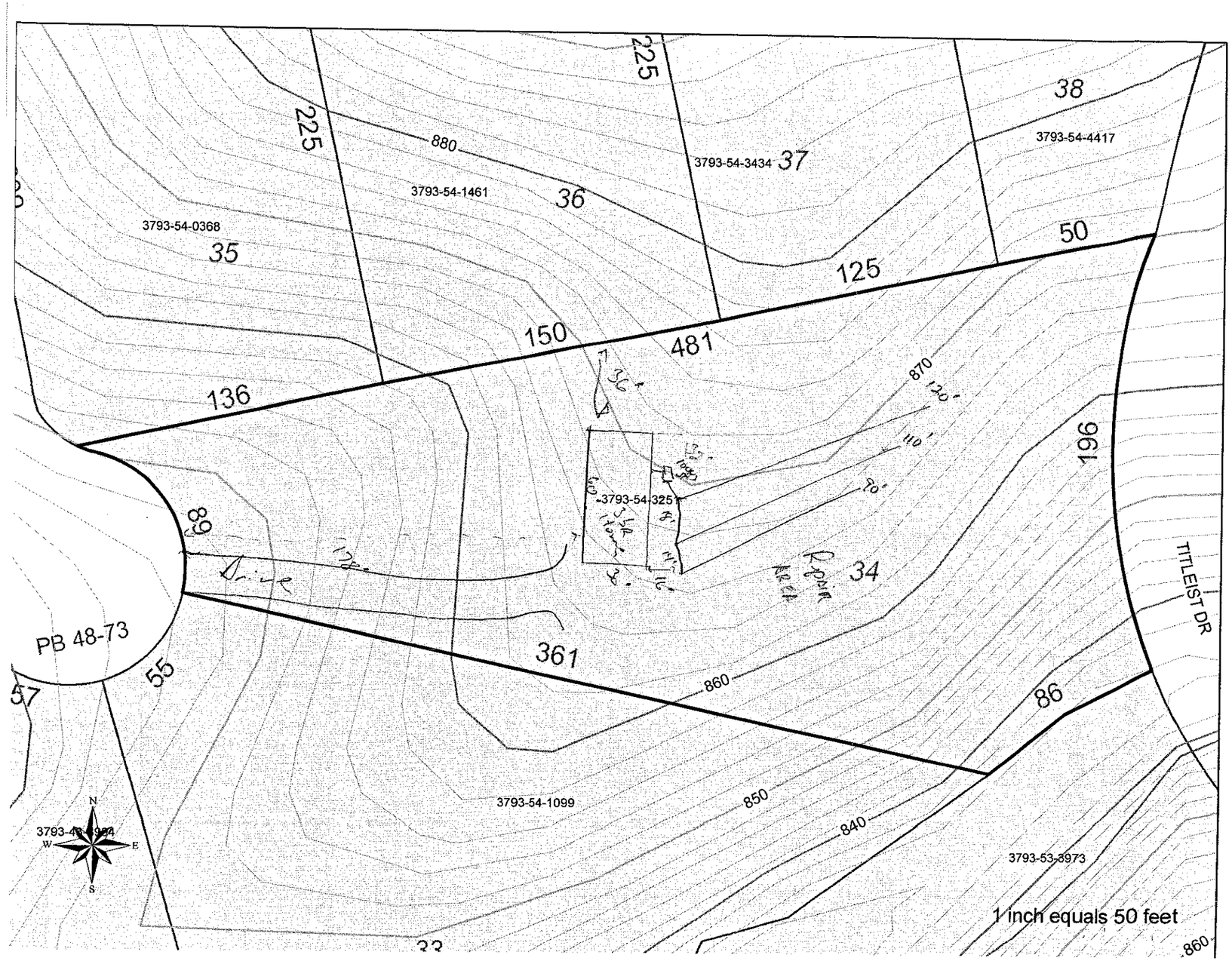
Authorization to Construct by: R.S. date 29 July 08

Installed by: Jim Abee

Operation Permit by: R.S. date 21 August 08

Existing System Inspection by: date

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


225
225
880
38
3793-54-4417
3793-54-3434
37
3793-54-1461
36
3793-54-0368
35
50
125
150
481
136
870
120'
110'
90'
196
3793-54-325
89
Drive
128'
34
Repair
Area
TITLEIST DR
PB 48-73
361
860
86
55
57
3793-54-1099
850
840
3793-53-8973
N
W
E
S
1 inch equals 50 feet
860