IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # H 180945

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

PIN # 4674376367

APPLICANT: ERIC WARD/CLAYTON HOMES APPLICANT ADDRESS: 1230 CONOVER BLVD

SITE ADDRESS: 000 CODDLE CREEK RD, MOORESVILLE NC 28115 PHONE: 704-883-6148 ALT. PHONE:

SITE DIRECTIONS: HWY 3/CODDLE CREEK RD SOUTH, PASS JOHNSON DAIRY RD, PASS COUNTRY BROOK LN, LOT ON LEFT BEFORE PATTERSON FA

SUBDIVISION: ROCKY RIVER ESTATES SECTION: LOT # 2 LOT AREA: 1.297 ac DESIGN FLOW: 360 L.T.A.R.: 0.3

Septic Tank	1000	(gal)	STB	1012	Date	10-22-13	☒ 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:	GRAVITY 25% REDUCTION			☐ Business	No. Persons	6	☒ Private
Pump Make		Model			Serial #		Repair System Description:	LP PPBPS			☐ Other	No. Employees		☐ Public
# Nitrification Fields		# Lines			Linear Ft:		Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space		☐ Community
Trench Width	36"	Max. Trench Bottom Depth	22"		Gravel Depth	N/A	☒ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions:

INITIAL SITE SKETCH

SEE ROLLANS SOIL & ENVIRONMENTAL SERVICES PLAN

2/5 4 1/30

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: [signature] Date: 10-4-13 Installed by: Tommy Fry

IMPROVEMENT PERMIT by: [signature] Date: 9-19-13 OPERATION PERMIT by: [signature] Date: 12-17-13

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 9-19-13 Existing System Inspected by: Date:

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