IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281 (c1)

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

PERMIT# 13671I PIN# 4702-38-4409 DATE 7-5-06

OWNER OR APPLICANT CLAYTON HOMES - STATESVILLE PHONE: Business 704-873-2547 Home 704-400-7019

ADDRESS 130 BROAD MEADOW DR, STATESVILLE, NC 28677

LOCATION US 70 WEST TL EUFOLA ROAD, TL BROAD MEADOW DRIVE, 4th LOT ON RIGHT

SUBDIVISION BROAD MEADOWS BLOCK / SECTION ____ LOT 11 LOT AREA 0.636 ACRES SITE CLASS. PS1 DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 10-29-2000

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet EQ. T 1200 Linear Feet 300

No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A ☐ Gravity ☐ Pressure

☐ New System ☐ Repair ☐ Expansion 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. Persons ____

☐ Business No. Employees ____

☐ Other ____

☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

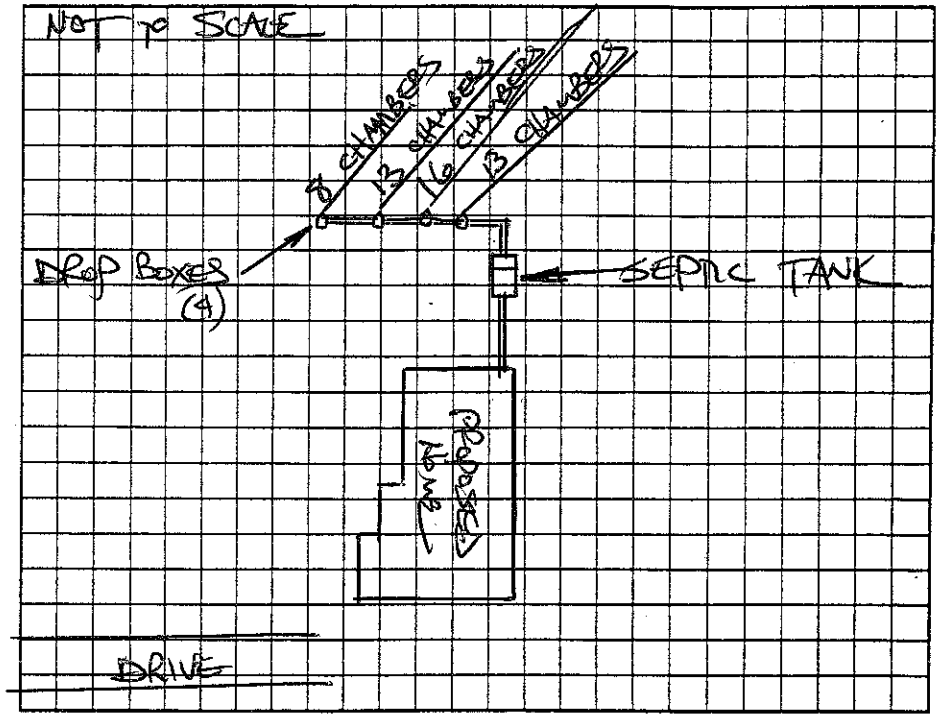
Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions: SYSTEM LOCATED IN AREA COVERED BY FILL DIRT WHICH MAY NEGATIVELY AFFECT PERFORMANCE

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: ____ date ____

Improvement Permit by: ____ date ____

Authorization to Construct by: ____ date ____

Installed by: ____

Operation Permit by: ____ date ____

Existing System Inspection by: STEVE HEDRICK date 7-5-06

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