IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3825 PERMIT # 216960

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

PIN # 4702676974

APPLICANT: Clayton Homes APPLICANT ADDRESS: 2026 Northside Dr

SITE ADDRESS: 7317 Eufola Rd Statesville NC PHONE: 704-873-2547 ALT. PHONE: N/A

SITE DIRECTIONS: Old Mtn T/R Lewis Ferry Rd T/L Eufola Rd Lot on left

SUBDIVISION: Rae Field SECTION: N/A LOT # 1 LOT AREA: 1.12ac DESIGN FLOW: 360 L.T.A.R.: Ex

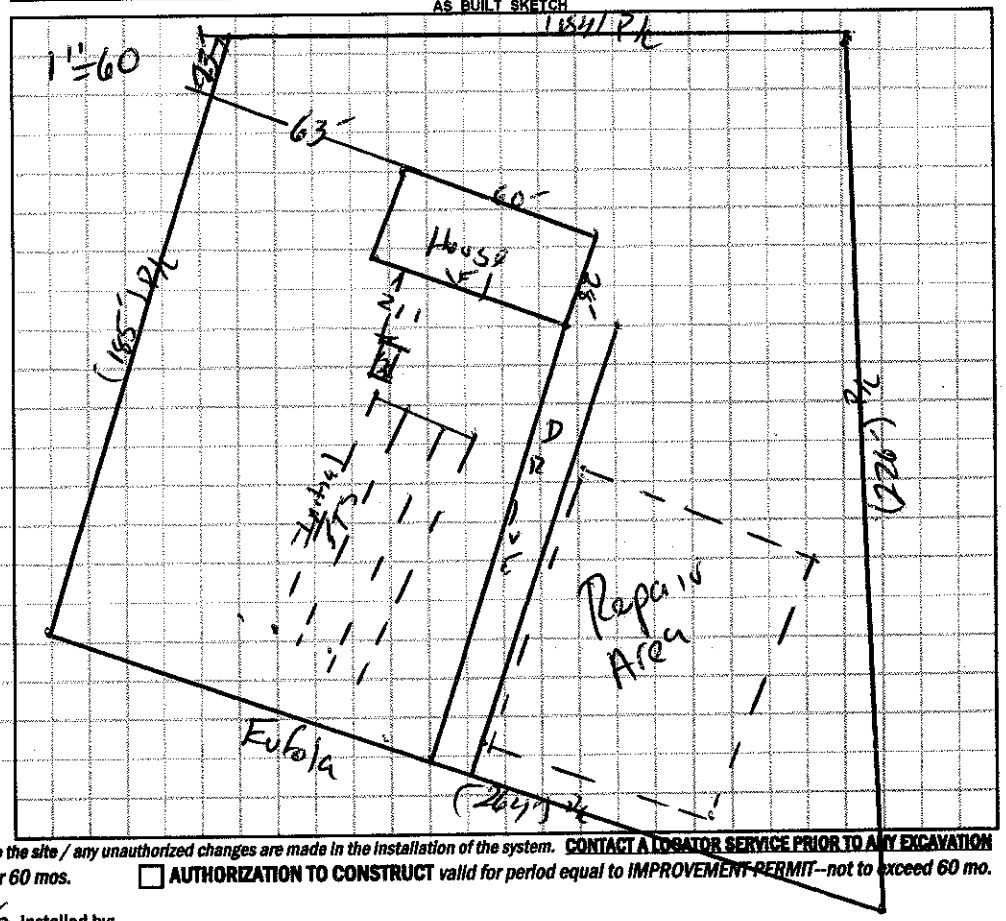
Septic Tank	Ex (gal)	STB	Date	☐ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☐ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT	Date	System Description: Existing				☐ Business	No. Persons 6
Pump Make	Model		Serial #	Repair System Description:				☐ Other	No. Employees
# Nitrification Fields	Ex # Lines	Ex	Linear Ft: Ex	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space
Trench Width	Ex Max. Trench Bottom Depth	Ex	Gravel Depth Ex	☑ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: All building foundations must be 55' from any part of STS

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. **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: 4-1-16 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: [signature] Date: 03/23/16

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