# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 208928

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

PIN # 4702676974

APPLICANT: Clayton Homes of Statesville APPLICANT ADDRESS: 2026 Northside Dr

SITE ADDRESS: 737 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

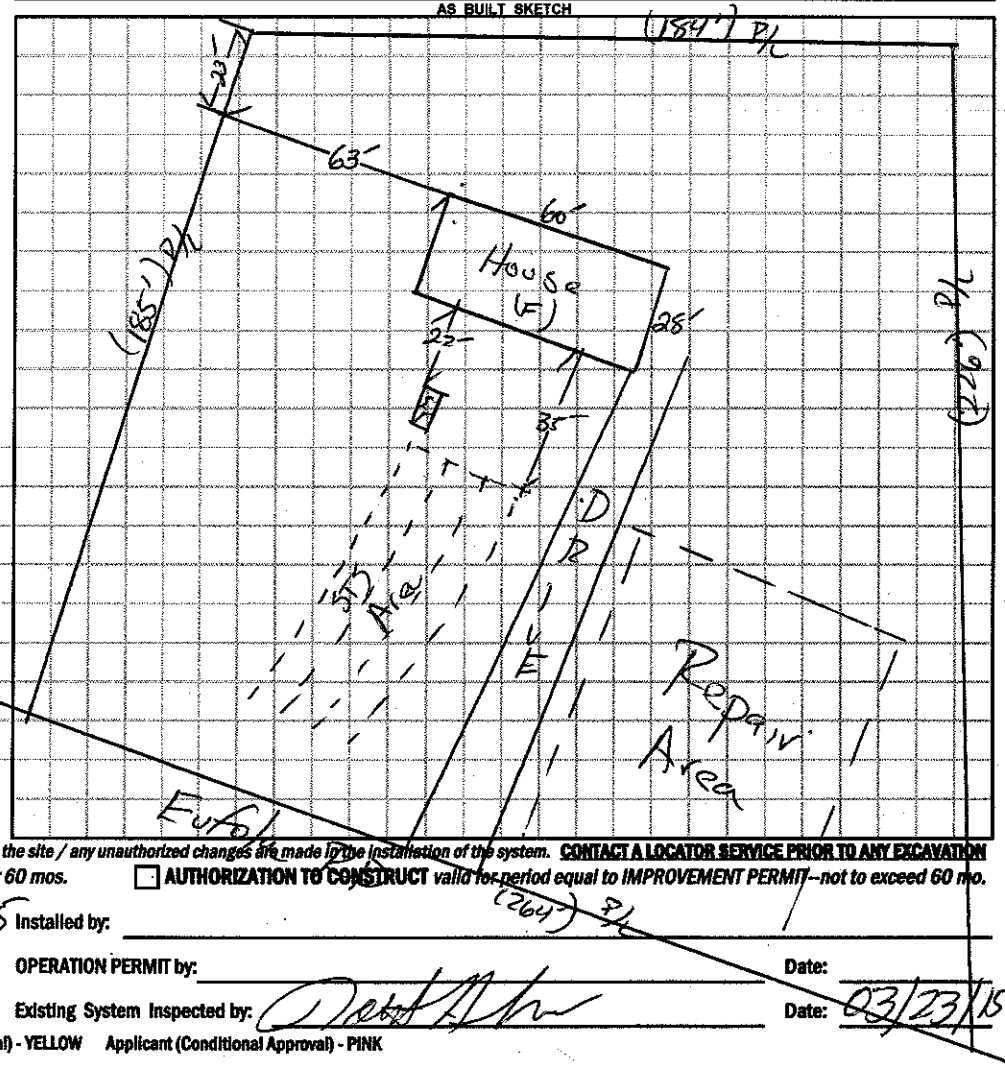
SUBDIVISION: Raefield SECTION: N/A LOT # 1 LOT AREA: 1.12 ac DESIGN FLOW: 360 L.T.A.R.: Ex

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

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: Brenda Gilgrow Date: 3-31-15 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date: 03/23/15

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