IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 15492 PIN # 4703960916 DATE 2-26-09

OWNER or APPLICANT (CLAYTON HOMES) Robert Brooks PHONE: Business 704-873-2547 Home:

OWNER or APPLICANT ADDRESS 2026 Northside Drive Statesville NC 28625

LOCATION / DIRECTIONS 70 WEST (E) Shady Rest LOT (N) LEFT AT BOX # 203

SUBDIVISION Shiloh Acres BLOCK / SECTION LOT # 19-26 LOT AREA .88 DESIGN FLOW 360 L.T.A.R. EXISTING

Septic Tank EXISTING Gallons: STB Date

Pump Tank Gallons: P T Date

Pump Make Model Serial #

Nitrification Field No Fields 1 No Lines 3 Linear Feet 300'

Trench Width 36" Max. Trench Bottom Depth — Gravel Depth —

☐ New System ☐ Repair ☐ Expansion System Type I (II) III IV V VI

System Description: GRAVITY CONV

Repair System Description: PRE 1983

Maintenance Agreement Required ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons

☐ Other No. Employees

☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions (1) This is a properly functioning system in use. Applicant Verified taking off a 3 BEDROOM PLAN AND PUTTING ON A 3 BEDROOM. NO OLD RECORD FOUND. (2) MAINTAIN SETBACKS

Comments / Conditions AND DO NOT RUN OVER SEPTIC AREA WITH RENT + HOME.

INITIAL SITE SKETCH

SEE ATTACHED SYSTEM DESIGN BY LORNE COOK, R.S. THIS IS AN EXISTING SYSTEM CHECK

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 w / plat valid without expiration.* ☐ *IMPROVEMENT PERMIT w / site plan valid for 60 mos.* ☐ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.*

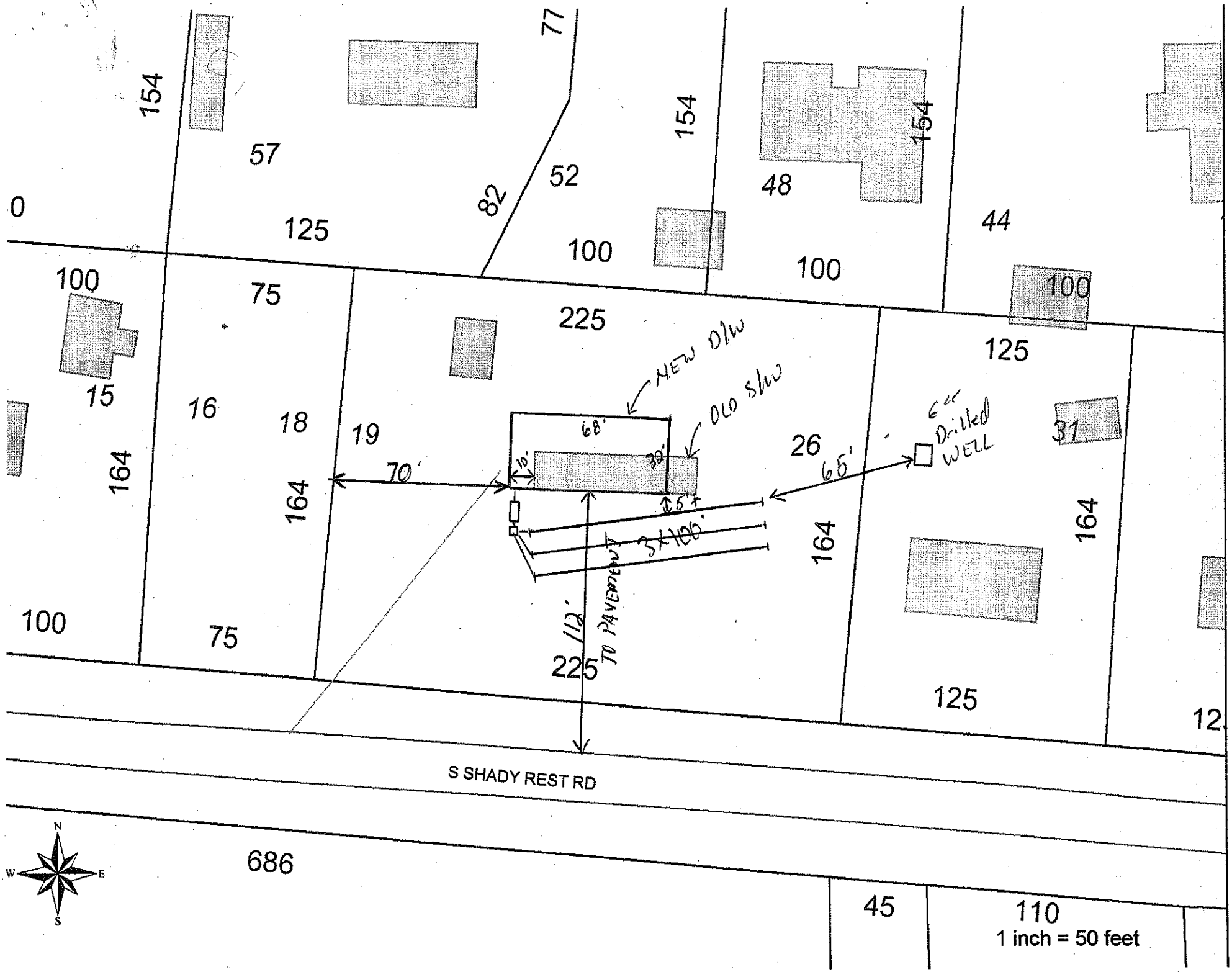
Owner / Applicant Signature: [signature] Date 3-19-09 Installed by:

Improvement Permit by: Date Operation Permit by: Date:

Authorzation to Construct by: Date Existing System Inspected by: [signature] Date: 2-26-09

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant


154
57
77
52
82
154
154
48
0
125
100
100
44
100
100
75
225
100
125
15
16
18
19
NEW DLW
OLD SLW
68'
70'
10'
32'
5'
26
65'
6" Drilled WELL
37
164
164
164
164
3X126'
112'
TO PAVEMENT
100
75
225
125
125
S SHADY REST RD
686
45
110
1 inch = 50 feet
N
W
E
S