IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 119503 PIN# ~~4705-25-8732~~ 4705-14-8560 DATE 4/5/04

OWNER OR CONTRACTOR Clayton Homes PHONE: Business (704) 873-2547 Home —

ADDRESS 2026 Northside Drive Statesville, NC 28677

LOCATION Hwy 64 W, (L) Lippard Farm Rd, (R) Massey Road 1/2 mile (R) on Buddy Lane on the left

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 1.0 Ac. SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .30

Septic Tank: 1,000 Gallons; STB 1007 Date 3-17-
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 460
No Lines Five (5) Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, (II), III, IV, V, VI
System Description: Gravity, Conventional
Repair System Description: Gravity, ~~Pump~~ No Reduction
Maintenance Agreement Required: ☐ Yes ☒ No

~~☒~~ House/Mod. Home No. Bedrooms 3
☒ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

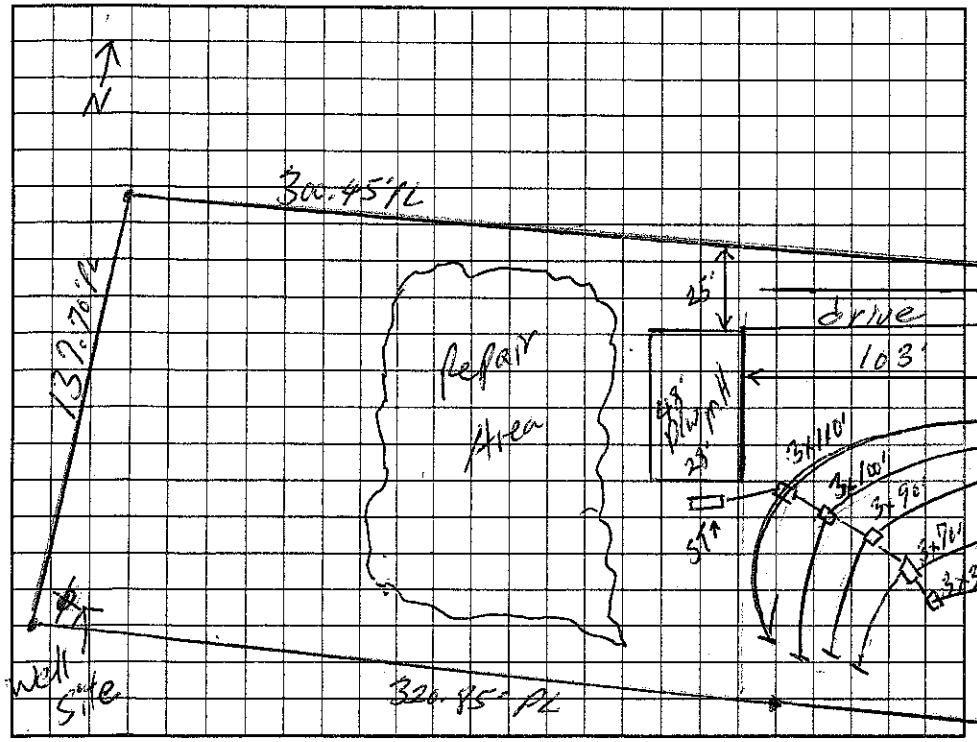
Water Supply: ☐ Individual ☐ Public ☐ Community

Comments:/Conditions: (1) Install lines on contour (2) Maintain proper setback

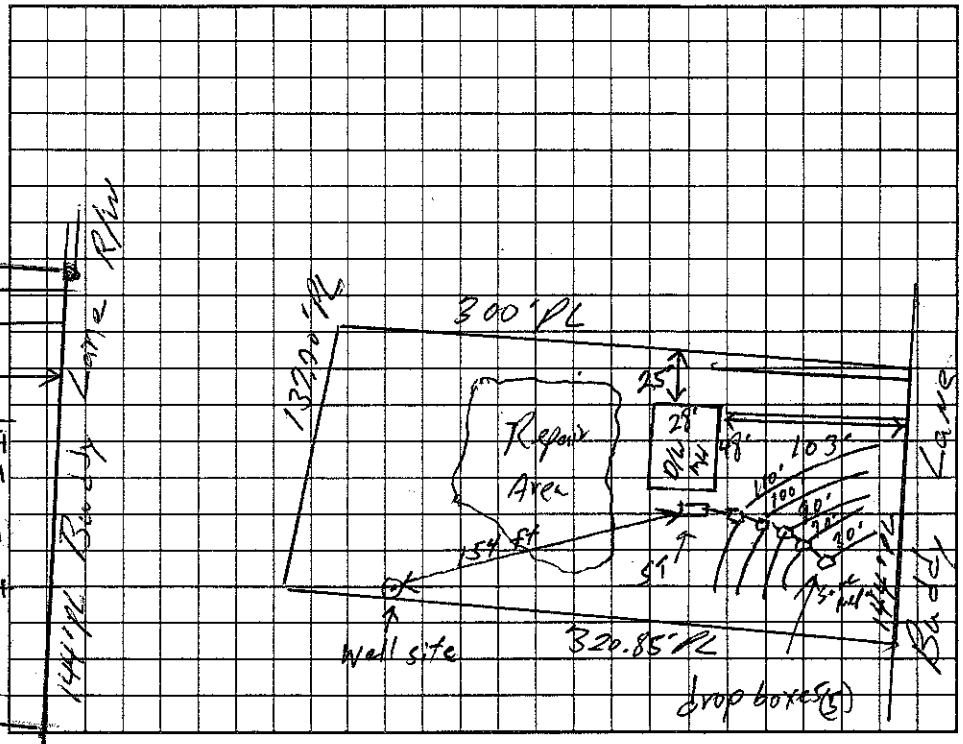
1" = 60'

Comments:/Conditions: - Prior HD approval to move well site
- ST Model PL-6B Polylok filter Installed
- P

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 4/8/04 Installed by: A+S Grading 4-12-04

Improvement Permit by: William O. Johnson date 4/5/04 Operation Permit by: William O. Johnson date ____

Authorization to Construct by: William O. Johnson date 4/5/04 Existing System Inspection by: ____ date ____

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