Ernest Runge

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 117922 PIN# 4705-47-2931 DATE 10/20/04

OWNER OR CONTRACTOR Clayton Homes PHONE: Business (704) 873-2541 Home —

ADDRESS 2026 North side Drive Statesville NC. 28677

LOCATION Hwy 64 W (L) Lippard Farm Rd, (L) Happy Acres (Left on Trailway Circle on Left Across From Tangent Drive

SUBDIVISION Casa Grande BLOCK / SECTION II LOT 28 LOT AREA 20,250 sq ft SITE CLASS. 1&5 DESIGN FLOW 360 L.T.A.R. 0.30 gpd

Septic Tank: Ex 1,000 Gallons; STB 1012 Date 8-22-99
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet Expd 1,200 Linear Feet Ex 300'
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36 Gravel Depth Sand 6"

☐ New System ☐ Repair System Type: I, II, III, IV, V, VI Chamber
System Description: Ex System Check County
Repair System Description: Pump, Effl
Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

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

Water Supply: ☐ Individual ☒ Public ☐ Community

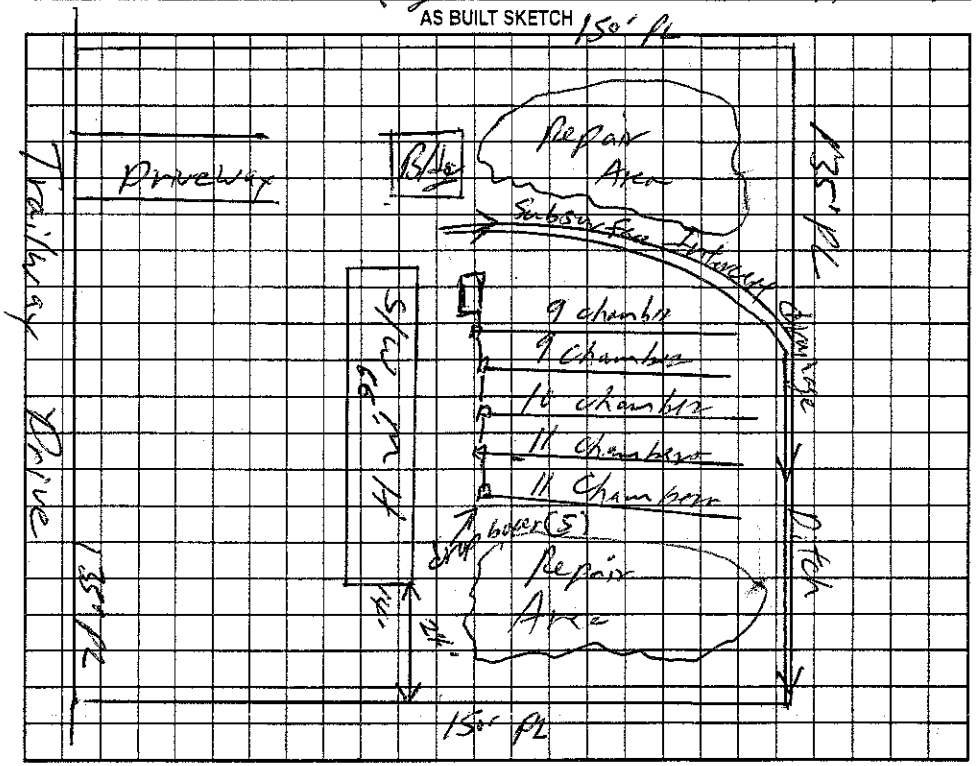
Comments:/Conditions:

Comments:/Conditions: - System appears to be Okay at time of Inspection, No one living in Home / System not in use.

Ref: Ernest Runge - Casa Grande #28 4/25-98

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: [signature] date 1/20/04 Installed by: ____

Improvement Permit by: ____ date ____ Operation Permit by: ____ date ____

Authorization to Construct by: ____ date ____ Existing System Inspection by: [signature] date 1/20/04

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