IREDELL COUNTY HEALTH DEPARTMENT Statesville Office (704) 878-5300 Mooresville Office (704) 660-3629 PERMIT # LL0041

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

PIN # 4711-48-5695

APPLICANT: CLAYTON HOMES APPLICANT ADDRESS: 2026 NORTHSIDE DR. STATESVILLE

SITE ADDRESS: 174 TROUTMAN SHOALS RD - Stat. PHONE: 704-1074-8903 ALT. PHONE:

SITE DIRECTIONS: BUFFALO SHOALS, TR TROUTMAN SHOALS, ON R

SUBDIVISION: TROUTMAN TRACE SECTION: 2 LOT # 3 LOT AREA: 4.62 AC DESIGN FLOW: 360 L.T.A.R.: 3

Septic Tank 1000 (gal) STB 760 Date 7-29-16
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 4 Linear Ft: 300'
Trench Width 36" Max. Trench Bottom Depth 20" Lowside Gravel Depth

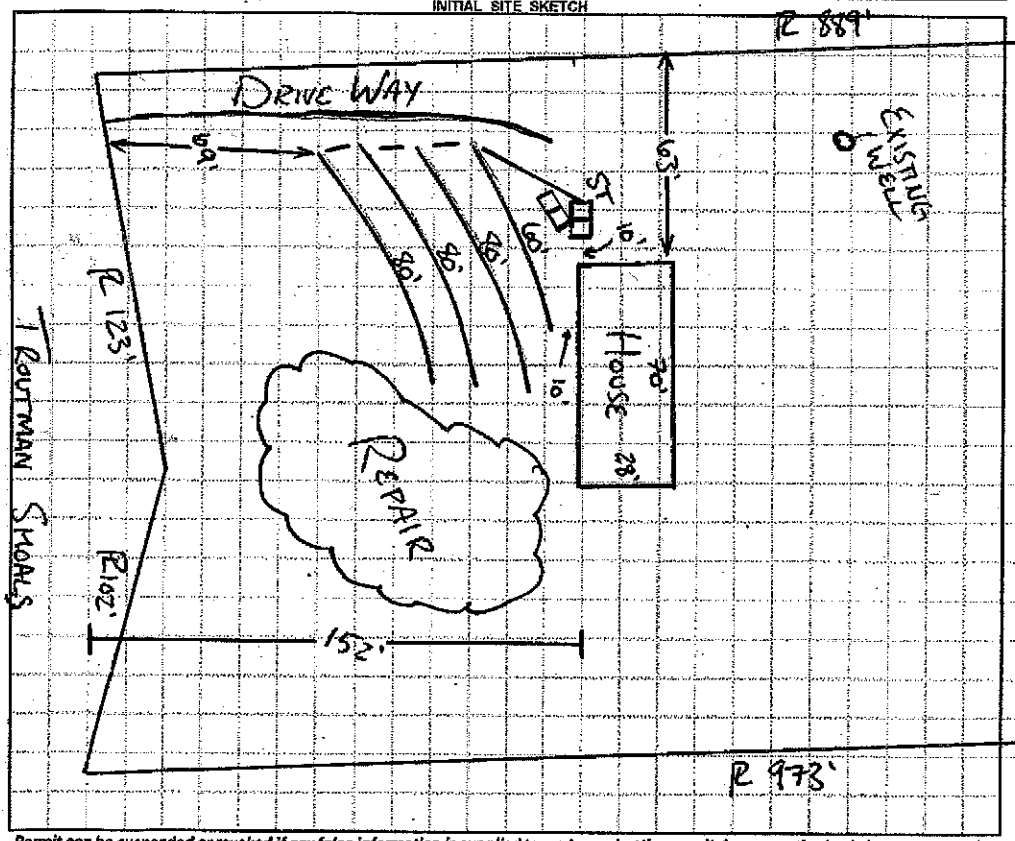
☑ New System ☐ Repair ☐ Expansion System Type: I II ☒ IV V VI
System Description: 25% REDUCTION
Repair System Description: SAME
Maintenance Agreement Required: ☐ YES ☒ NO
☑ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3
☐ Business No. Persons 6
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

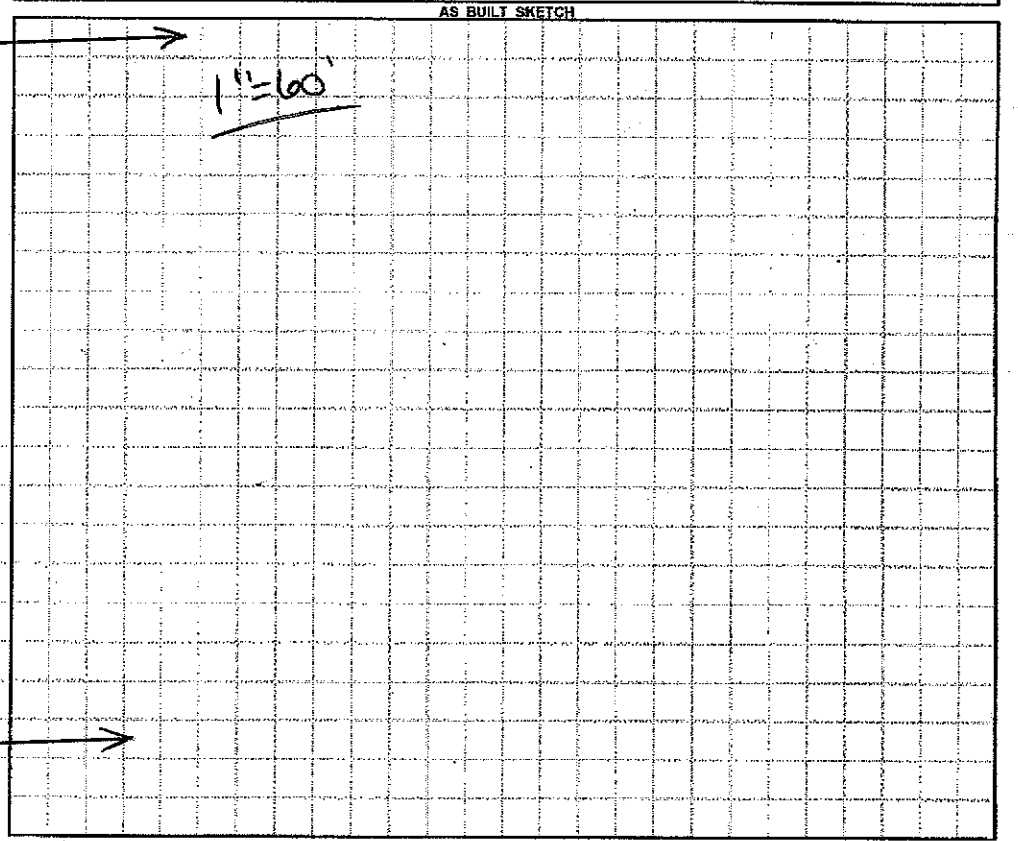
Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions:

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: Date: 8-29-2016 Installed by: TIM ABEE

IMPROVEMENT PERMIT by: Date: 8-29-16 OPERATION PERMIT by: Date: 10-20-16

AUTHORIZATION TO CONSTRUCT by: Date: 8-29-16 Existing System Inspected by: Date:

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