IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

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

PERMIT # 216854

APPLICANT: Clayton Homes PIN # 4727898981

SITE ADDRESS: 239 Grassy Meadow Ln. APPLICANT ADDRESS: 1230 Conover Blvd. Conover

SITE DIRECTIONS: Hwy 115 N TR Branchwood TL Riverfield TR Grassy Meadow Ln. PHONE: 828-217-3168 ALT. PHONE: N/A

SUBDIVISION: Ridgecrest SECTION: 3 | LOT # 59 LOT AREA: 0.579 acres DESIGN FLOW: 480gpd L.T.A.R.: 0.275

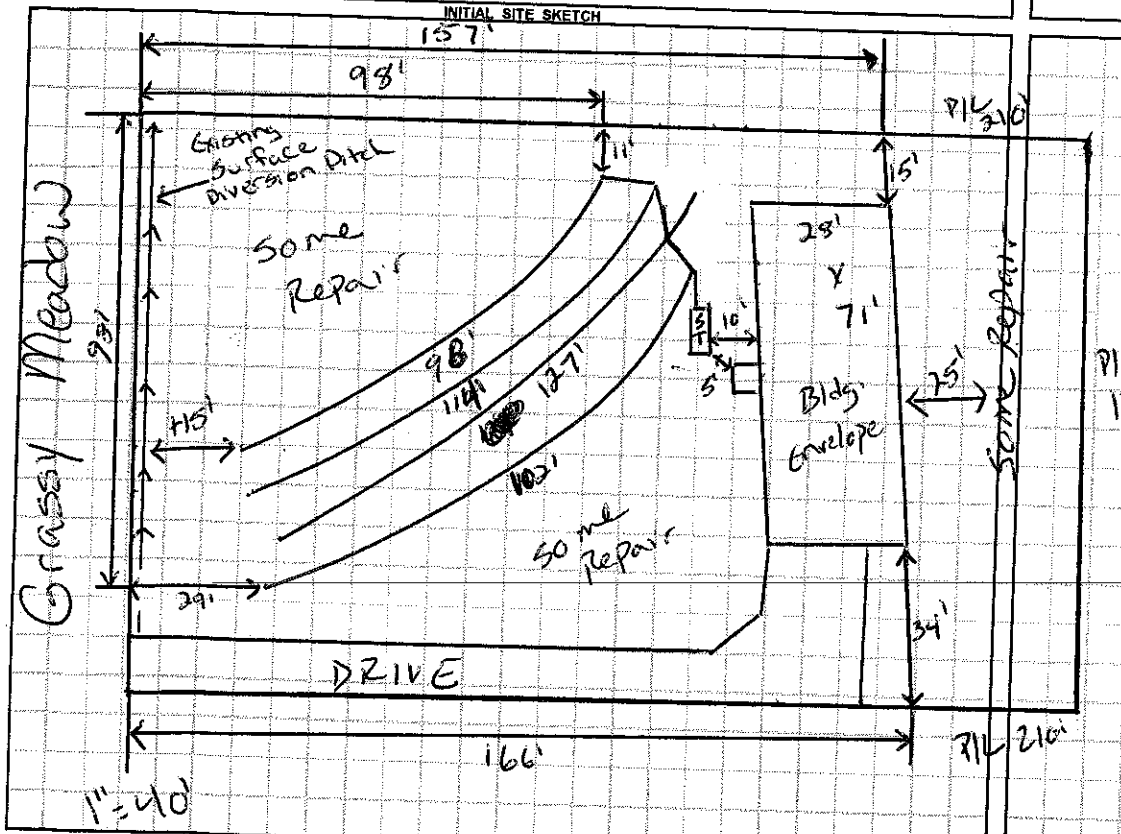
Septic Tank	1000 (gal)	STB	760-1000	Date	2-4	☑ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing	No. Bedrooms 4 No. Persons 8 No. Employees ☑ Crawl Space
Pump Tank	(gal)	PT		Date		System Description:	25% Reduction		
Pump Make		Model		Serial #		Repair System Description:	50% Reduction w/ Soil Cap		
# Nitrification Fields	1	# Lines	4	Linear Ft:	436	Maintenance Agreement Required:	☐ YES ☑ NO		
Trench Width	36"	Max. Trench Bottom Depth	32"	Gravel Depth	N/A	☑ GRAVITY ☐ PRESSURE			

Water Supply: ☐ Private ☑ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: Install a 25% Reduction system on contour with serial distribution.

INITIAL SITE SKETCH



AS BUILT SKETCH

- Red Taylor filter installed
- Quick 4 chambers installed
- Installed as drawn
- House not set @ time of inspection.

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: Bobby Jones Clayton Homes Date: 3/24/16 Installed by: A1 Backhoe

IMPROVEMENT PERMIT by: Justin Henderson Date: 3/24/16 OPERATION PERMIT by: Justin Henderson Date: 4-19-16

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 3/24/16 Existing System Inspected by: Date:

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