828-[illegible] 381-6916 JOHNATHAN
612-4348 JASON

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 02-P-04-06 PIN# 4731328638 DATE 5-25-06

OWNER OR APPLICANT Clayton Homes 081 PHONE: Business 828-465-3450 Home 828-308-0485

ADDRESS 1230 W. Conover Blvd

LOCATION 115 S to Troutman TR Talley St TL Lytton Farm Rd on corner

SUBDIVISION _____ BLOCK / SECTION _____ LOT 12 LOT AREA 1.116 Ac SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .3 gpd/ft²

Septic Tank: 1000 Gallons; STB 706 Date 3-9-06
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300
No Lines 4@75' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: 25% reduction gravity
Repair System Description: 25% reduction pump
Maintenance Agreement Required: ☐ Yes ☒ No

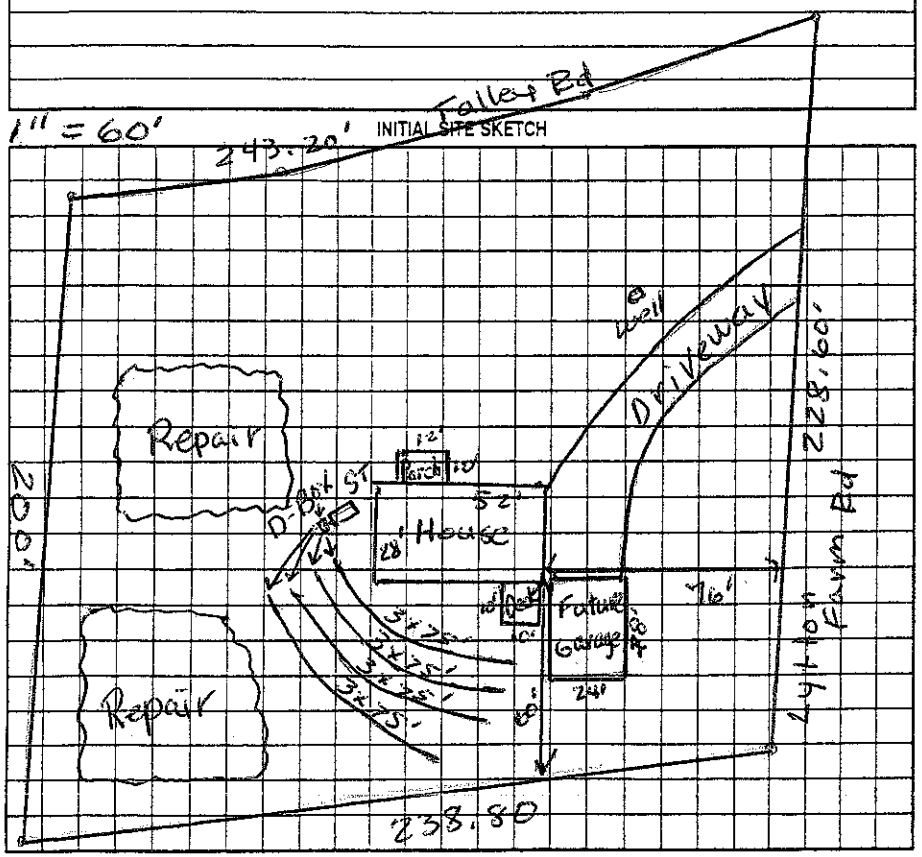
☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Persons ____ No. Employees ____

Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments/Conditions:

1" = 60' INITIAL SITE SKETCH



Comments/Conditions: POLYFLOW Effluent SPLITTER
ECC FLOW INSTALLED

AS BUILT SKETCH

SAME LENGTHS SET EQUAL

INSTALLED AS DESIGNED

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 5/30/06 Installed by: S&L Contractors

Improvement Permit by: _____ date 5-25-06 Operation Permit by: _____ date 6-15-06

Authorization to Construct by: _____ date 5-25-06 Existing System Inspection by: _____ date _____

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