Site Address: 184 Friendship Rd - Unit 128

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 220703

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

PIN # 4749549596.128

APPLICANT: Clayton Homes APPLICANT ADDRESS: 1230 Conover Blvd Conover NC 28613

SITE ADDRESS: ~~128~~ Bradford Ln Statesville NC PHONE: 828-217-3168 ALT. PHONE: 704-799-6106

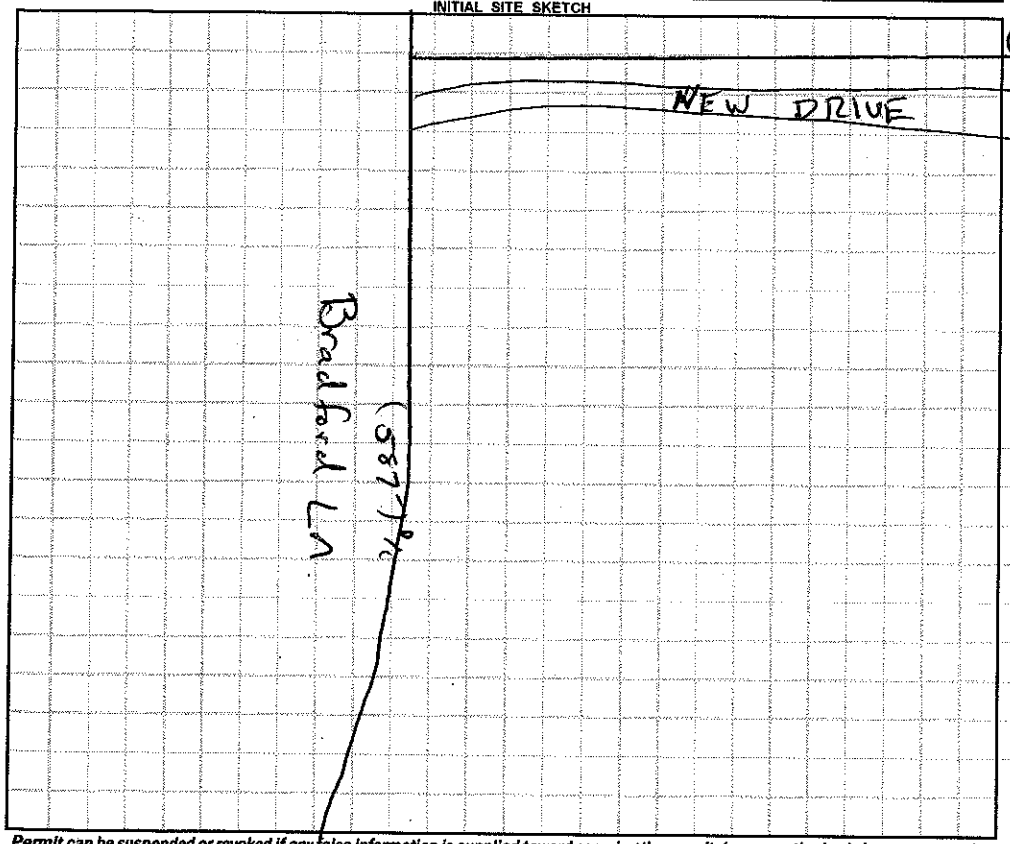
SITE DIRECTIONS: 77N T/L Tomlin Mill Rd T/L Jennings Rd T/R Friendship Rd T/R Bradford Ln

SUBDIVISION: Bradford Acres SECTION: N/A LOT # 9 LOT AREA: 6.14ac DESIGN FLOW: 360 L.T.A.R.: Ex

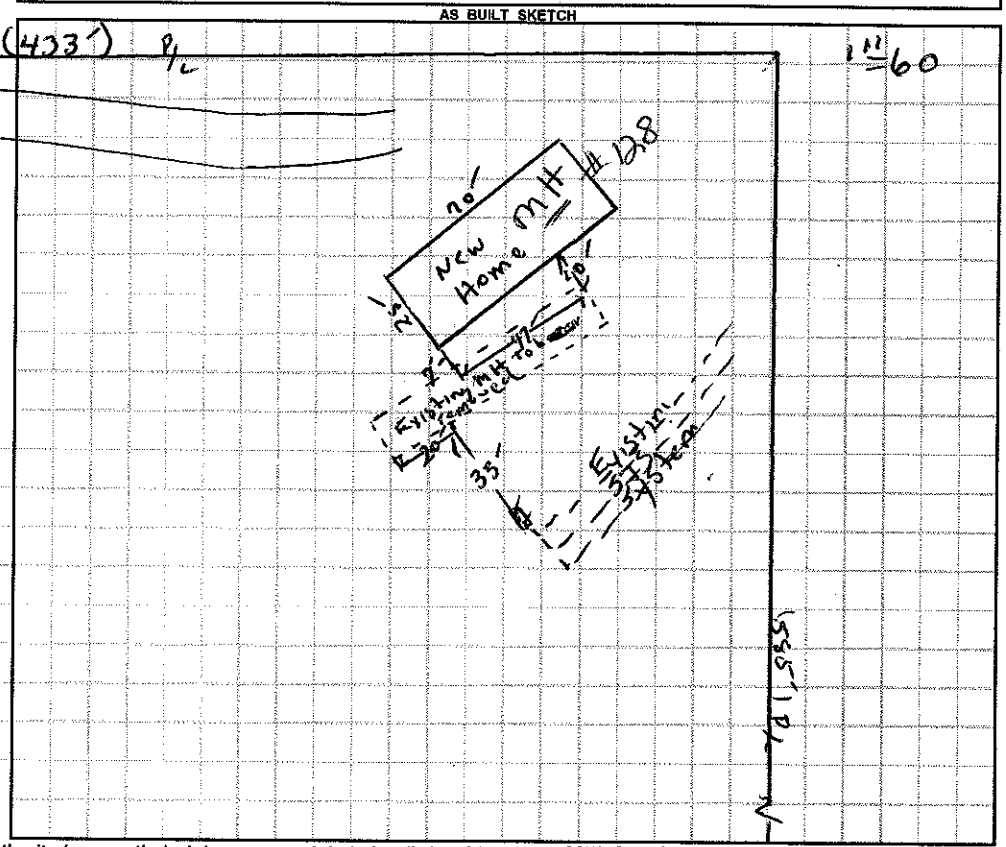
Septic Tank	Ex	(gal)	STB		Date		☐ New System	☐ Repair	☐ Expansion	System Type:	I	II	III	IV	V	VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank		(gal)	PT		Date		System Description:	Existing									☐ Business	No. Persons	6	☐ Private
Pump Make		Model			Serial #		Repair System Description:										☐ Other	No. Employees		☒ Public
# Nitrification Fields	Ex	# Lines	Ex		Linear Ft:	Ex	Maintenance Agreement Required:	☐ YES	☒ NO								☐ Slab	☒ Crawl Space		☐ Community
Trench Width	Ex	Max. Trench Bottom Depth		Ex	Gravel Depth	Ex		☒ GRAVITY	☐ PRESSURE								☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Maintain 5' from any part of STS

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: _____ Installed by: _____

IMPROVEMENT PERMIT by: _____ Date: _____ OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: David A Lowe Date: 08/19/16

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