# IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (ar) MOORESVILLE 704-664-5281

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

PERMIT # 15e313 PIN # 4766-94-8902 DATE 5-20-09

OWNER or APPLICANT (Clayton Homes) G+G Properties PHONE: Business Home:

OWNER or APPLICANT ADDRESS 2026 Northside Dr. Statesville 28677

LOCATION / DIRECTIONS I-40 E to Riverhill RD to Chestnut Grove RD to Eastgate 2nd lot on left

SUBDIVISION Eastgate BLOCK / SECTION LOT # 2 LOT AREA DESIGN FLOW 360 L.T.A.R. .25

Septic Tank 1000 Gallons: STB 1012 Date 4-23-08

Pump Tank 1000 Gallons: PT 17-1000 Date 6-16-09

Pump Make Goulds Model WE05511H Serial # 1760/115 3542

Nitrification Field No Fields ___ No Lines 6 Linear Feet 240

Trench Width 24" Max. Trench Bottom Depth 36" Gravel Depth ___

☑ New System ☐ Repair ☐ Expansion System Type I II III (IV) V VI

System Description: 50% Low Pres

Repair System Description: 50% Low Pres.

Maintenance Agreement Required ☑ YES ☐ NO

☐ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 3

☐ Business No. Persons ___

☐ Other No. Employees ___

☐ Slab ☑ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: Uninstall as Certain Maintain all setback

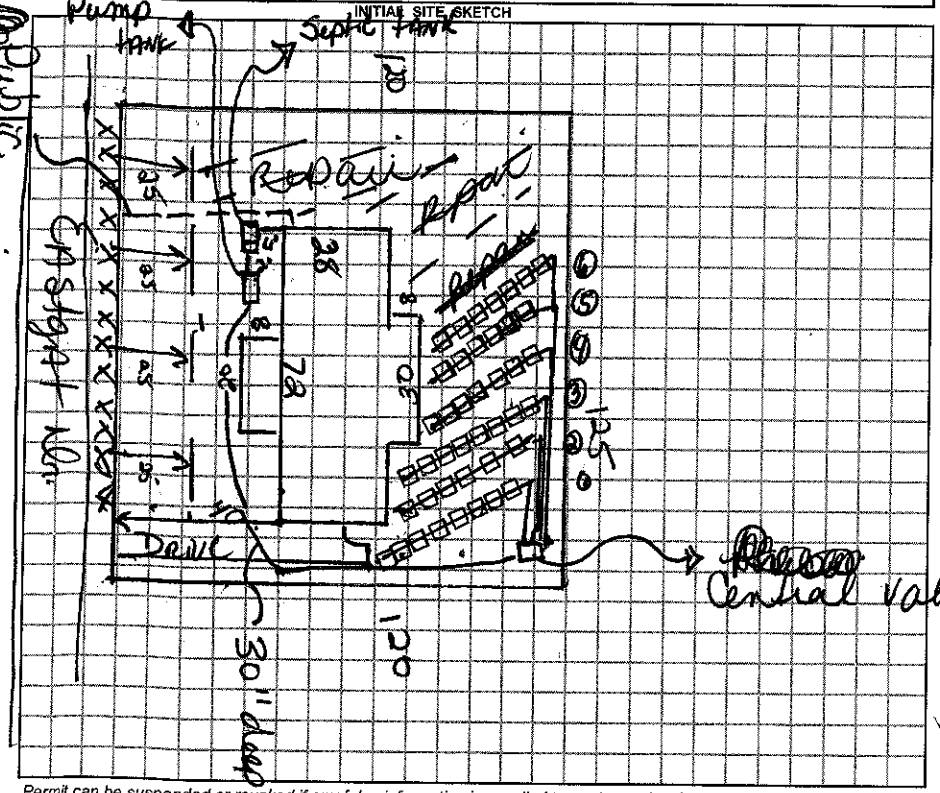
Comments / Conditions

① 47 ④ 36 * Exactly 200' initial

② 43 ⑤ 36 Exactly 240' of Repair

③ 40 ⑥ 40

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 w / plat valid without expiration ☐ IMPROVEMENT PERMIT w / 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 7/10/09

Improvement Permit by: Date 5-20-09

Authorization to Construct by: Date 5-20-09

Installed by: Shannon / Ground breakers

Operation Permit by: Date: 9-1-09

Existing System Inspected by: Date:

**YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.**

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant