D+G Properties

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 135765 PIN # 4766949761 DATE 21 April 09

OWNER or APPLICANT Clayton Homes of Maiden PHONE: Business ______ Home: 704-483-3702

OWNER or APPLICANT ADDRESS 5612 Hwy 150 Maiden NC 28650

LOCATION / DIRECTIONS 64 E (L) Rivenhill (L) Chariot (R) [illegible] 2nd lot on right

SUBDIVISION East Gate Estates BLOCK / SECTION ______ LOT # 34 LOT AREA .519 DESIGN FLOW 360 L.T.A.R. .2

Septic Tank NTD Gallons: STB 150 Date 10 25 08
Pump Tank ______ Gallons: P T ______ Date ______
Pump Make ______ Model ______ Serial # ______
Nitrification Field No Fields ______ No Lines 4 Linear Feet 450
Trench Width 36 Max. Trench Bottom Depth 36" Gravel Depth NA ☑ GRAVITY ☐ PRESSURE

☑ New System ☐ Repair ☐ Expansion System Type I II (III) IV V VI
System Description: 25% Gravel
Repair System Description: 50% Low Press
Maintenance Agreement Required ☐ YES ☐ NO

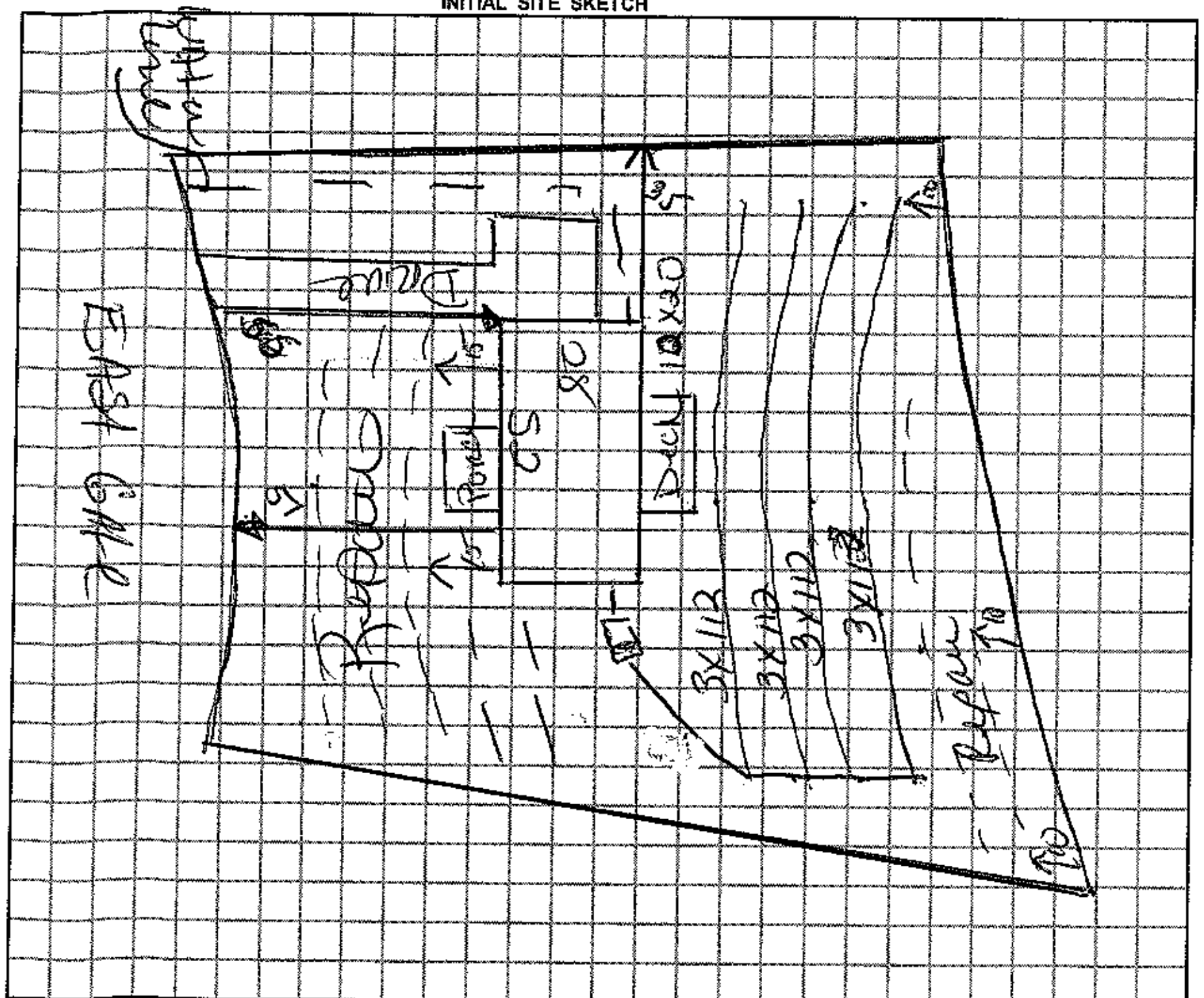
☑ Residence No. Bedrooms 3
☐ Business No. Persons ______
☐ Other No. Employees ______
☐ Slab ☑ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply
☐ Private
☑ Public
☐ Community

Comments / Conditions
Maintain 5' of deck
Maintain all setbacks
Install on contour

Comments / Conditions
Backfill for positive drainage for repair area

INITIAL SITE SKETCH



AS BUILT SKETCH

Red Lid Tile
Septic Marker

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: [signature] Date 4-21-09

Improvement Permit by: [signature] Date 4-21-09

Authorzation to Construct by: [signature] Date 4-21-09

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by: Aba Conader

Operation Permit by: [signature] Date: 5-1-09

Existing System Inspected by: ______ Date: ______

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