IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 176754

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

PIN # 4771352803

APPLICANT: Clayton Homes APPLICANT ADDRESS: 2026 Northside Dr.

SITE ADDRESS: 154 Winding Arbor Cir. PHONE: 704-239-3693 ALT. PHONE: N/A

SITE DIRECTIONS: 706 TR Triplett TL Watermoss TR Winding Arbor Cir

SUBDIVISION: Willow Ridge SECTION: M2 LOT # 12 LOT AREA: 0.76 acres DESIGN FLOW: 360gpd L.T.A.R.: Existing

Septic Tank Existing (gal) STB Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 3 Linear Ft: 6X
Trench Width 6X Max. Trench Bottom Depth 6X Gravel Depth 6X.

☐ New System ☐ Repair ☐ Expansion System Type: I ☑ II III IV V VI
System Description: Conventional
Repair System Description:
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

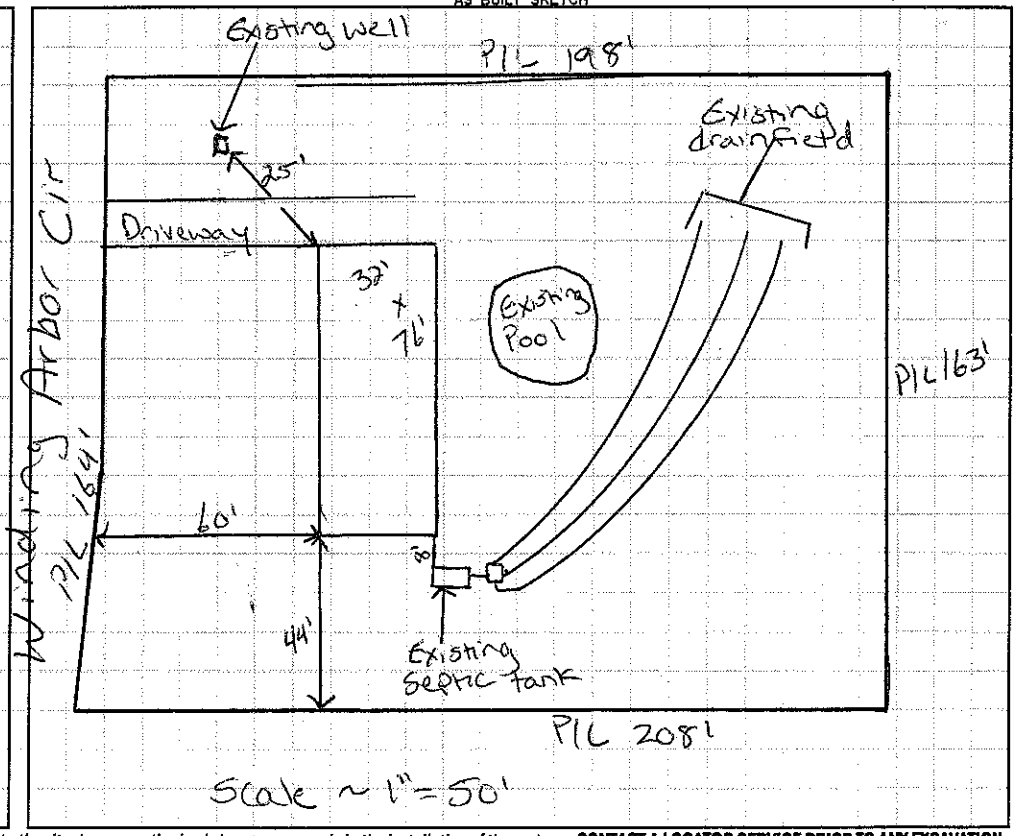
Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions:

- Maintain a minimum of 25' between building foundation & well. Maintain a minimum of 5' between building foundation and all components of septic tank system

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: Justin Henderson Date: 1-29-13

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