IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 83155 PIN# 4793501149 DATE 9-13-99

OWNER OR CONTRACTOR Clayton Homes PHONE: Business 873 2547 Home

ADDRESS 2026 North Side Dr.

LOCATION 70 E TR Triplett Rd TR Brown's Farm 6th lot Rt.

SUBDIVISION JR Browns BLOCK / SECTION LOT 11 LOT AREA .77 acres SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 1012 Date 2-3100

Pump Tank: 1000 Gallons: PT 17 Date 10 9 99

Pump Make: HydraMAT Model Shef 50/100 Serial No.

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☐ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Pump To Conv.

Repair System Description: " " 25% Reduction

Maintenance Agreement Required: ☐ Yes ☑ No

☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees

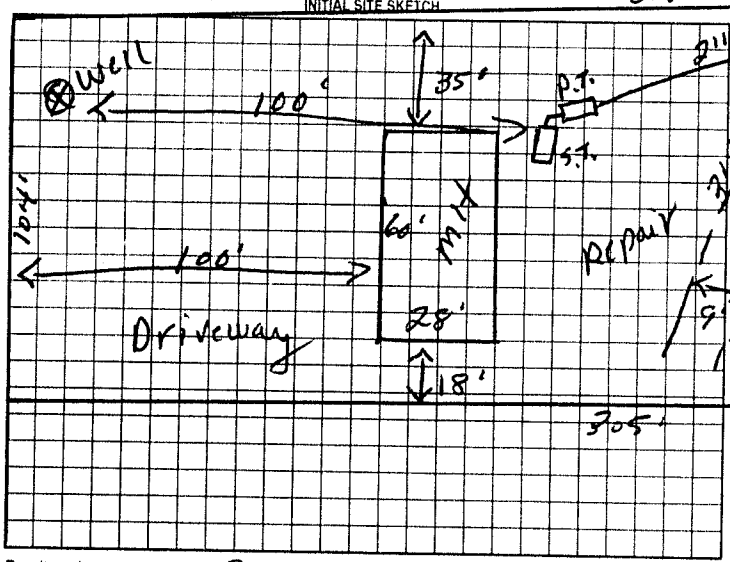
☐ Other

Water Supply: ☐ Individual ☐ Public ☐ Community

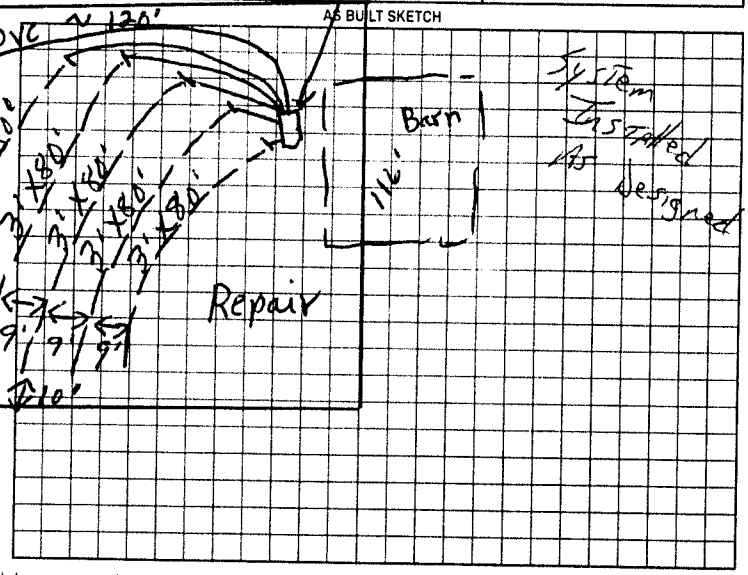
Comments/Conditions: See Attached copies for Pump Tank & Pressure manifold set up which become part of this Permit.

Comments/Conditions: Line Tank & Pressure set 5-15-2000 Alarm/Elec Check 6-23

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 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: [signature] date 2-10-00

Improvement Permit by: C. Moore date 9-13-99

Authorization to Construct by: C. Moore date 9-13-99

Installed by: Al Brickhouse

Operation Permit by: [signature] date 6-23-00

Existing System Inspection by: date

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