IREDELL COUNTY HEALTH DEPARTMENT

This permit replaces voided permit dated 12-12-03.

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

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

Myrtle Warren

PERMIT# 117003 PIN# 4773-60-~~8083~~ 7059 DATE 11/24/04

OWNER OR CONTRACTOR Clayton Homes PHONE: Business (704) 682-3848 Home (704) 873-2547

ADDRESS 2026 Northside Drive Statesville, N. C. 28625

LOCATION US 70 East @ Triplett Rd @ Warren Farm Lane, 3rd MH on right

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 32.4 Ac. SITE CLASS. VS DESIGN FLOW 240 L.T.A.R. .30 gpd/ft²

Existing

Septic Tank: 1,000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make Existing Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 800 Linear Feet 266

No Lines 2 Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth 24

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

System Description: Gravity, Conventional

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 2

☒ Mobile Home No. Bathrooms _____

☐ Business No. Employees _____

☐ Other _____

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

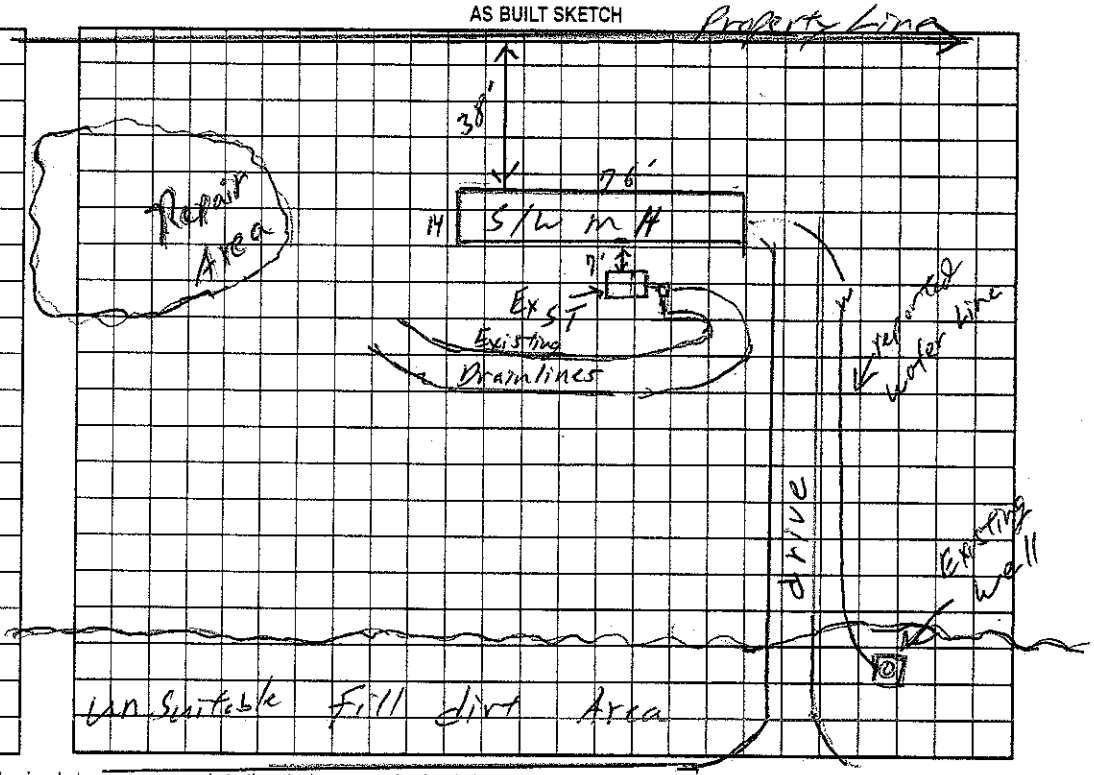
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions: - System okay at time of Inspection - maintain proper setbacks when placing House on property (Ref; T.E. Warren 1-9-86)

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: _____ date 11/24/04

Improvement Permit by: _____ date _____

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: _____ date 11/24/04

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