IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 136578 PIN# 4776-62-8570 DATE 06/30/06

OWNER OR APPLICANT CLAYTON HOMES PHONE: Business 704-400-7019 ~~Home~~ 704-873-2547

ADDRESS 2026 N. SIDE DR, STATESVILLE, NC 28677

LOCATION HWY 64 EAST, (L) SWANN RD., (L) MCALLISTER RD., 4TH LOT ON LEFT.

SUBDIVISION Swann Crossing BLOCK / SECTION ____ LOT 3 LOT AREA 0.71 Ac. SITE CLASS. P3 DESIGN FLOW 480 GPD L.T.A.R. 0.25 GPD/FT²

Septic Tank: 1,000 Gallons; STB 1012 Date 02/10/06
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet EQ to 1,920 Linear Feet 480'
No Lines 4@120' Trench Width 36" Max Trench Bottom Depth 30"

☒ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: 25% REDUCTION, GRAVITY
Repair System Description: 25% REDUCT, GRAV.
Maintenance Agreement Required: ☐ Yes ☒ No
Gravel Depth N/A ☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Persons ____ No. Employees ____

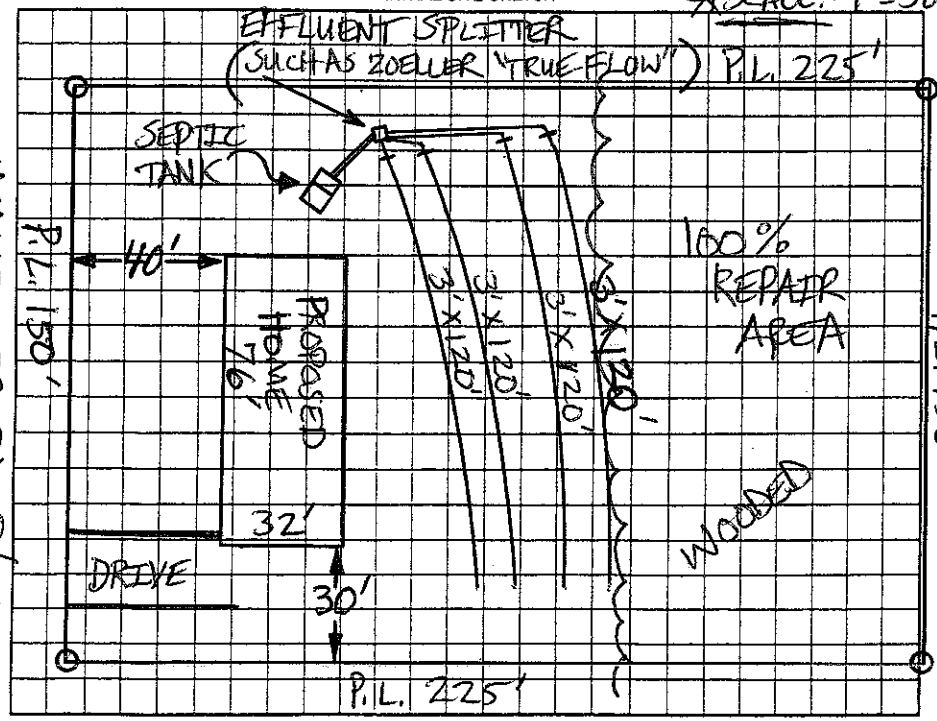
Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions: ① MAX TRENCH BOTTOM DEPTH OF 30",

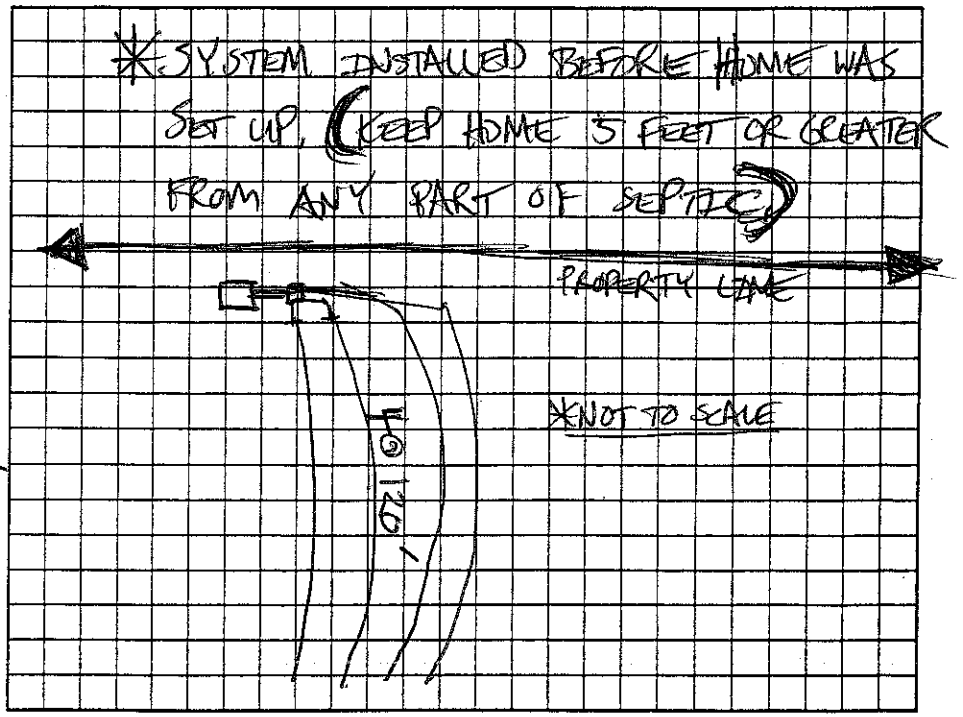
Comments:/Conditions:

✱ USED YELLOW - TUFF TIGHT FILTER IN TANK.
✱ USED CHAMBER 25% REDUC. SYST. IN TRENCHES.

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 6/30/06
Improvement Permit by: Patsy Nichols date 06/30/06
Authorization to Construct by: Patsy Nichols date 06/30/06

Installed by: A-1 BACKHOE
Operation Permit by: Patsy Nichols date 07/24/06
Existing System Inspection by: ____ date ____

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