IREDELL COUNTY HEALTH DEPARTMENT

CI / CI

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

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

PERMIT# 115182 PIN# 4779-48-4817 7695 LEE BOGGS DATE 8-27-03

OWNER OR CONTRACTOR CLAYTON HOMES PHONE: Business 704-450-4817 Home

ADDRESS 2026 NORTHSIDE DR STATESVILLE, NC

LOCATION 21 NORTH @ MT BETHEL (L) GRAVEL/DIRT DRIVE PAST TRLR PARK ON LEFT / BEHIND CHAIN LINK FENCE OFF ROAD

SUBDIVISION BRADY L. WEST EST. BLOCK / SECTION LOT 66-2 LOT AREA 2.00AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 2-13-03
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 4 Square Feet EA=1760' Linear Feet 400'
No Lines Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, (II), III, IV, V, VI
System Description: CONV GRAV
Repair System Description: SHALLOW 25% REDUCT
Maintenance Agreement Required: ☐ Yes ☒ No

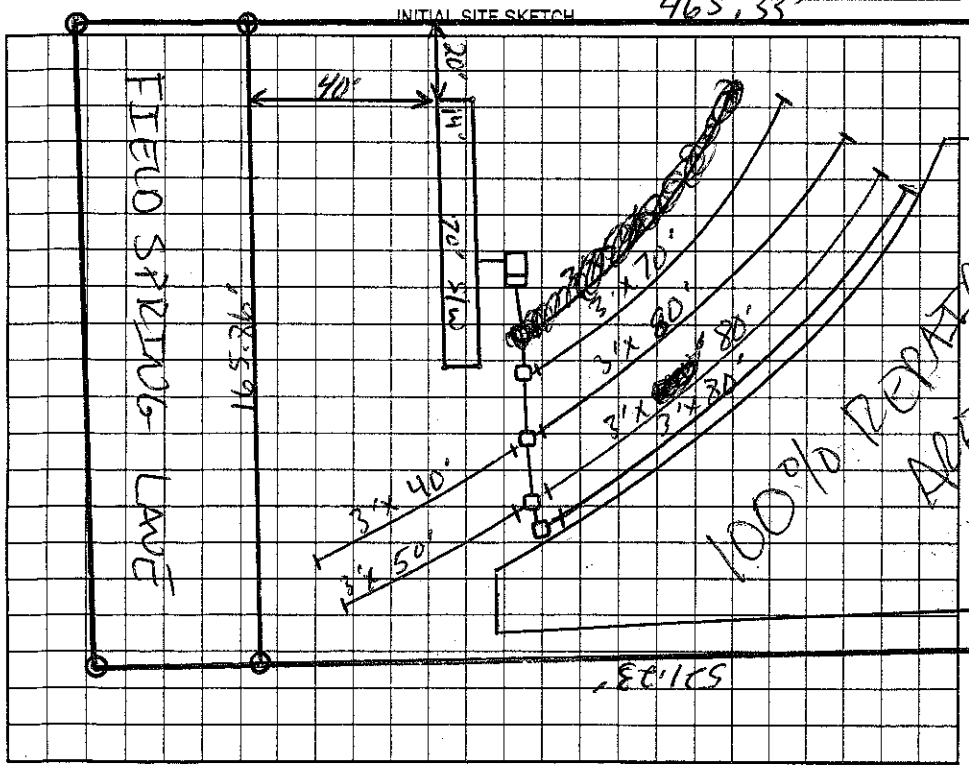
☐ House/Mod. Home No. Bedrooms 3
☒ Mobile Home S/W No. Bathrooms 2
☐ Business No. Employees
☐ Other
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments/Conditions: ① INSTALL LINES ON CONTOURS & MAINTAIN SETBACKS ② SYSTEM IS FLAGGED OUT ENTIRELY

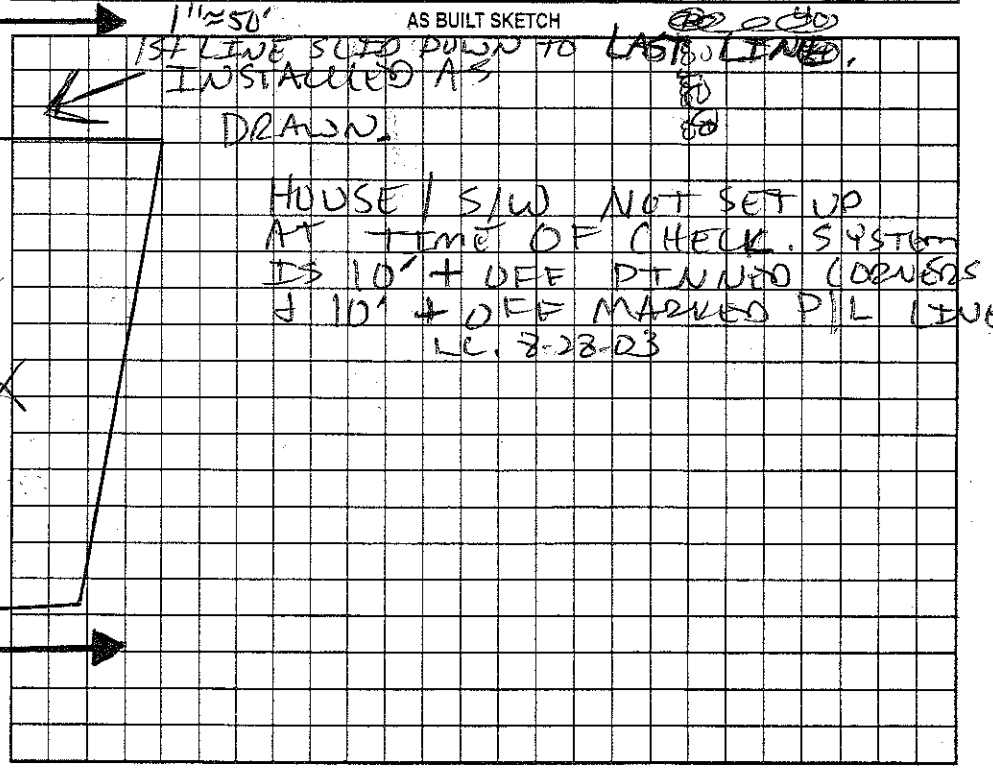
Comments/Conditions: TUFF TITE FILTER & MARKER

INITIAL SITE SKETCH



AS BUILT SKETCH

1"=50'



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 8/27/03 Installed by: A-1 BACKHOE

Improvement Permit by: date 8-27-03 Operation Permit by: date 8-28-03

Authorization to Construct by: date 8-27-03 Existing System Inspection by: date

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