IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 151599 PIN# 4779729754 DATE 8-1-08

OWNER OR APPLICANT Clayton Homes PHONE: Business ______ Home ______

ADDRESS 2024 Northside Wrjrl NC 28677

LOCATION 2W (R) Mt Bethel 1st on left at Corner Renfrock and Bethel

SUBDIVISION Saddle gate BLOCK / SECTION ______ LOT 11 LOT AREA 1.48 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 760 Date 1-28-08
Pump Tank: ______ Gallons; PT ______ Date ______
Pump Make: ______ Model ______ Serial No. ______
Nitrification Field: No Fields ____ Square Feet 1440 Linear Feet 360
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth ______

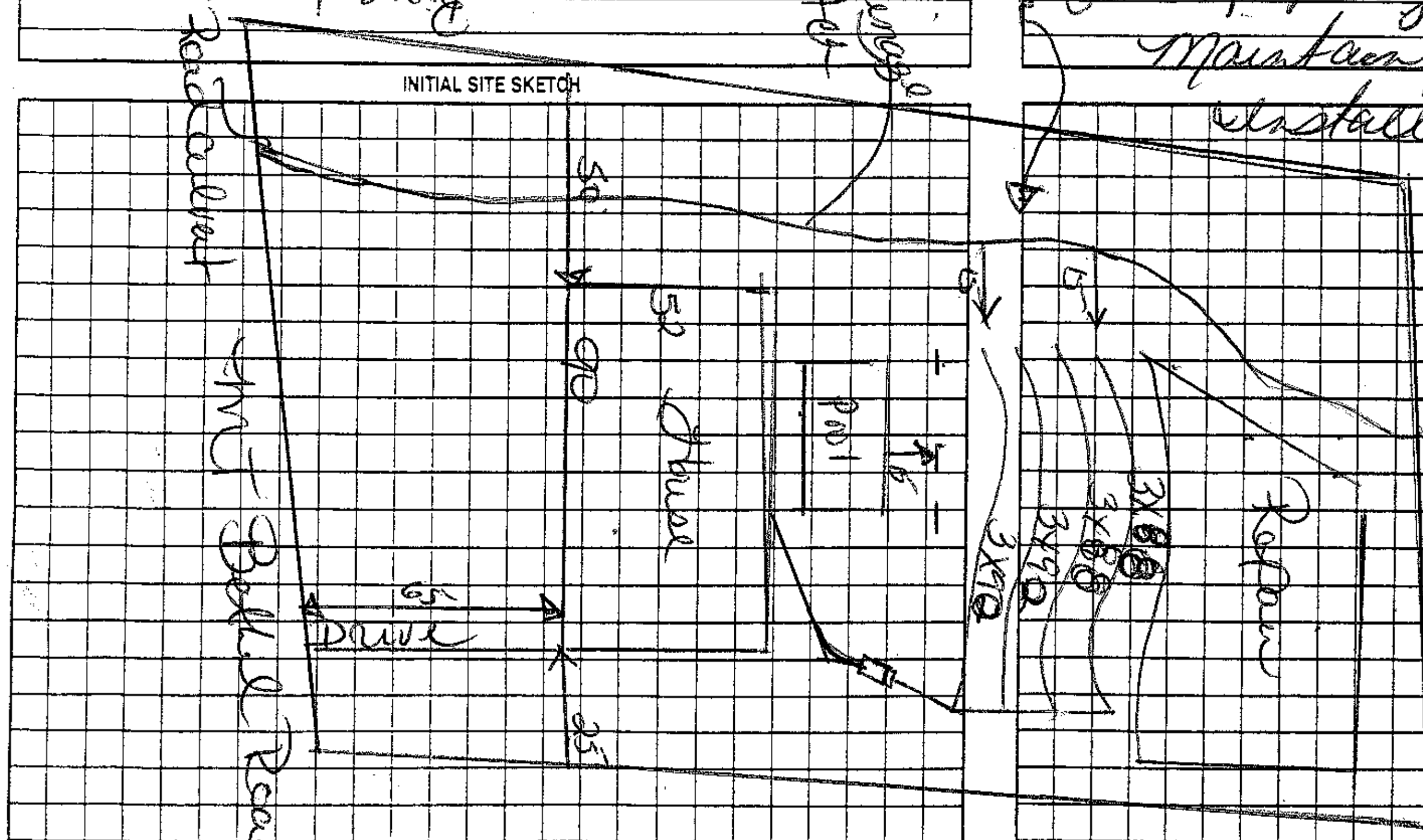
☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 25% Gravity
Repair System Description: 25% Gravity
Maintenance Agreement Required: ☐ Yes ☑ No
☑ Gravity ☐ Pressure

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other ______
No. Bedrooms 3 No. Persons ____ No. Employees ____
Water Supply: ☐ Individual ☐ Public ☐ Community
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

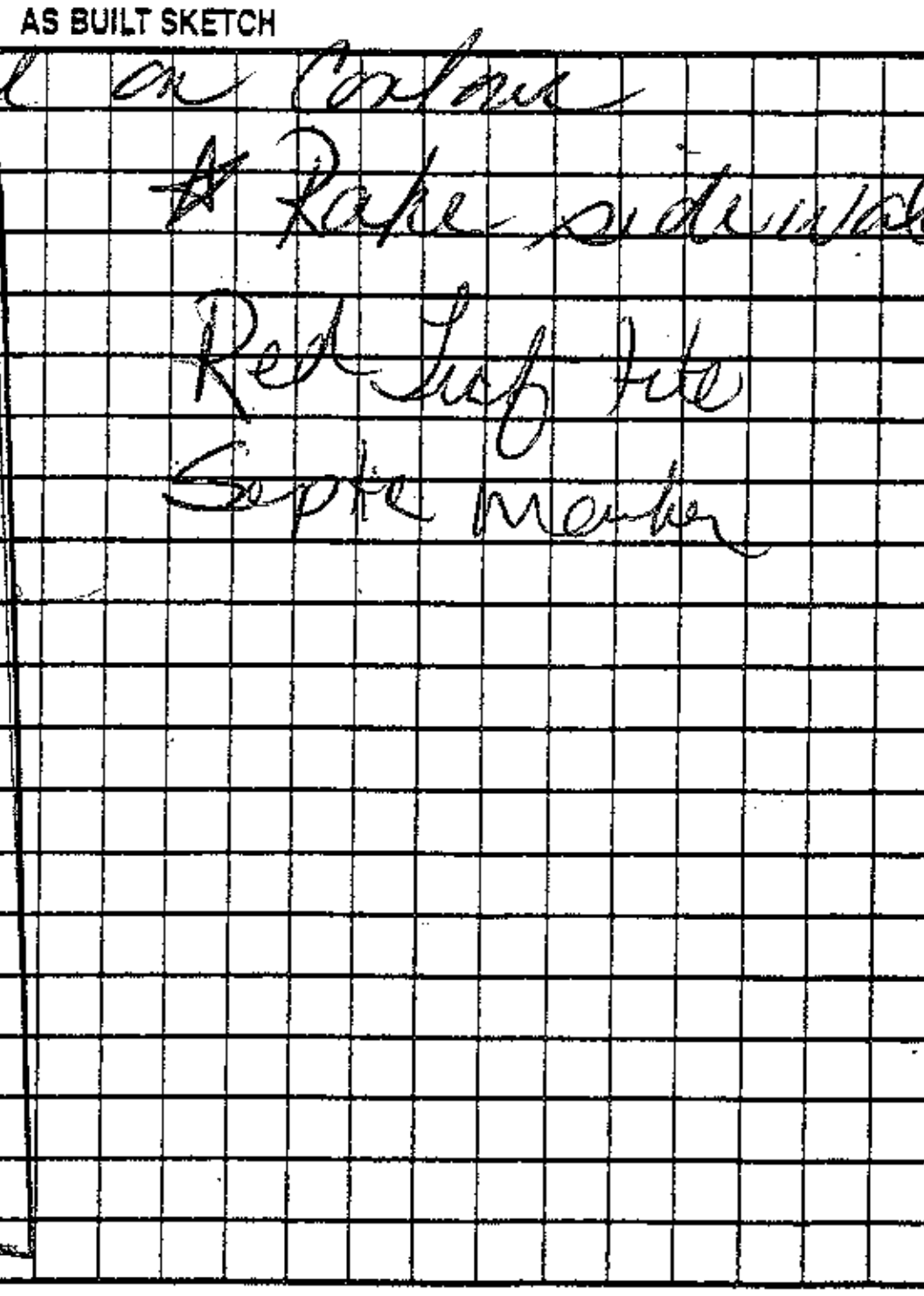
Comments:/Conditions:

Comments:/Conditions: * Keep System out of low Area. Maintain all setbacks. Install on Contour. * Rake sidewalls. Red Leaf Site Septic Marker

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 8-1-08
Improvement Permit by: Kelly Cook date 8-1-08
Authorization to Construct by: Kelly Cook date 8-1-08
Installed by: Abees Grading
Operation Permit by: Kelly Cook 9-4-08 date ______
Existing System Inspection by: ______ date ______

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