IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 91679 PIN# 4821 7124 19 DATE 9/14/00

OWNER OR CONTRACTOR Clayton Homes PHONE: Business 873-2547 Home

ADDRESS 2026 Northside Dr. Statesville NC 28625

LOCATION 115 N. RR Bruce Farm on corner with Riley Farm

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 1.24 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.5

Septic Tank: 1000 Gallons: STB 760 Date 11-6-01

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No.

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

No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Grav. Conv.

Repair System Description: same

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees

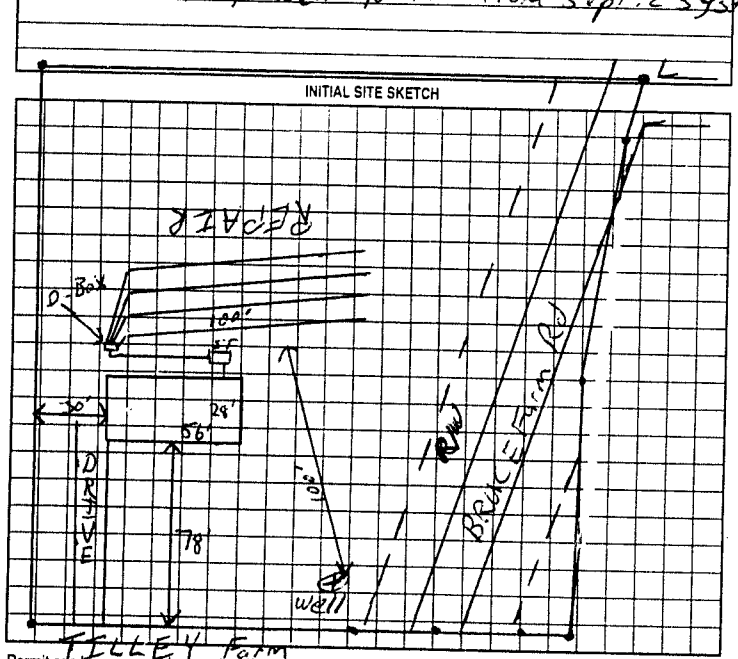
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

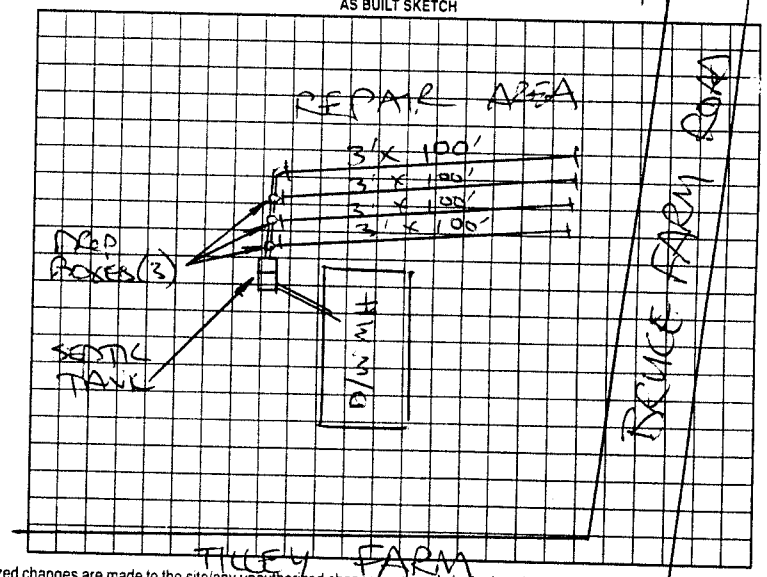
Comments/Conditions: Keep well 100ft from septic system

Comments/Conditions: SEPTIC TANK W/ MARKER INSTALLED USING "ZABEL" FILTER. SEPTIC TANK & MH RELOCATED AS SHOWN WITH PRIOR HEALTH DEPT. APPROVAL USING DROP BOXES

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 9/14/00

Improvement Permit by: RST date 9/14/00

Authorization to Construct by: RST date 9/14/00

Installed by: BRENT GALLIHER

Operation Permit by: STEVE HERRICK date 2-22-02

Existing System Inspection by: date

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