IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 115848 PIN# 4850-75-1414 1375 DATE 10-8-03

OWNER OR CONTRACTOR CLAYTON HOMES - STATESVILLE PHONE: Business 704-873-2547 Home

ADDRESS 2026 NORTHSIDE DRIVE STATESVILLE, NC 28677

LOCATION 77 NORTH, (R) TOM IN MILL (L) RASH (L) MBOX # 573

SUBDIVISION BLOCK / SECTION LOT LOT AREA 1.0 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. EXISTING

Septic Tank: EXISTING Gallons; STB Date

Pump Tank: 1000 Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 720' Linear Feet 240'

No Lines 2x120' Trench Width 36" Max Trench Bottom Depth Gravel Depth 12"

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

System Description: EXISTING CLW LATERAL

Repair System Description: LP PANEL

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home DW No. Bathrooms 2

☐ Business No. Employees

☐ Other

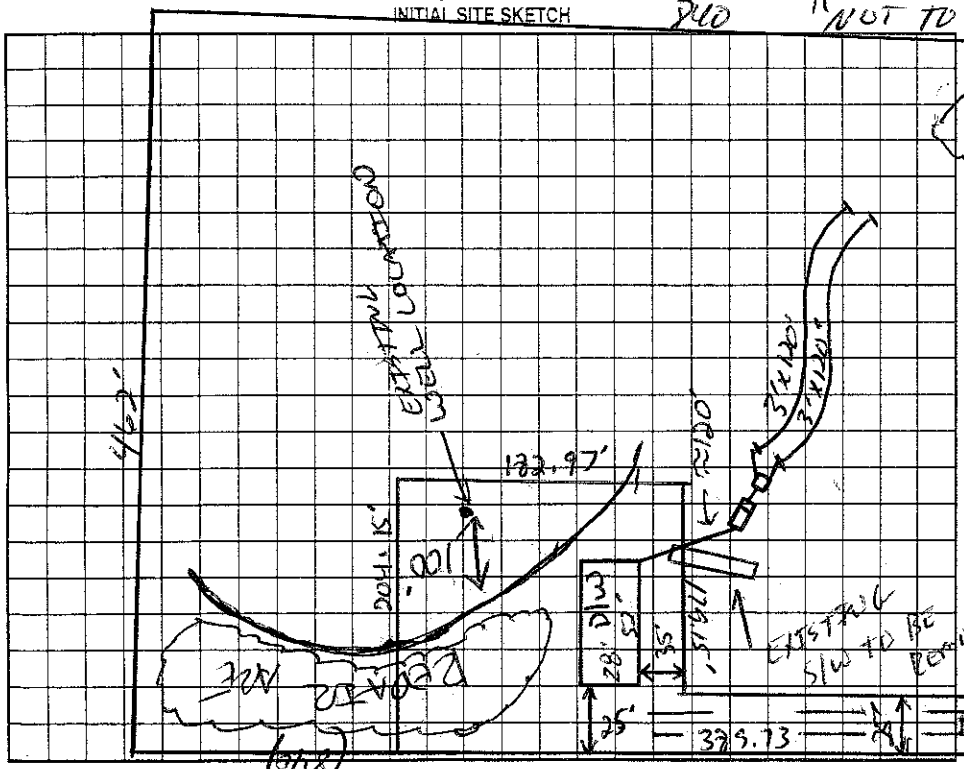
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

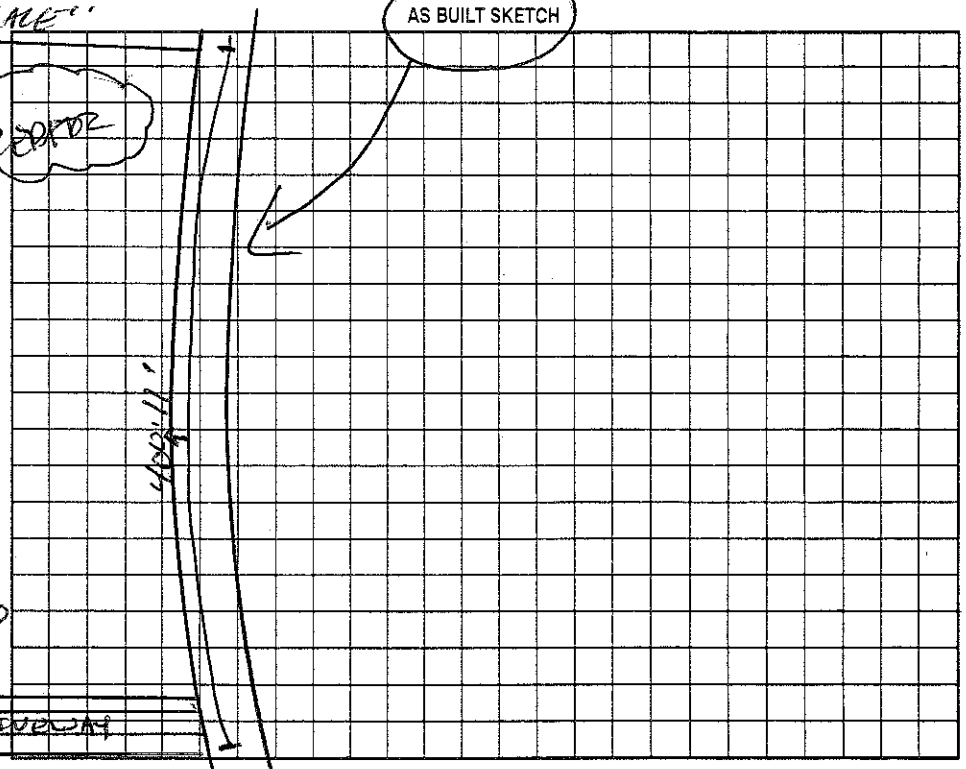
Comments:/Conditions: (1) CUT OUT 1 ACRE TRACT, EASEMENT GRANTED AND ATTACHED TO PERMIT TO DISPOSE SEWAGE ACROSS P/L ON MR CLYDE PARR SHARPE'S PROPERTY. (2) OLD S/W HOME IS TO BE REMOVED.

Comments:/Conditions: (3) MAXIMUM SUBSALES (4) ORIGINAL SYSTEM IS PERMITTED FOR A 3 BEDROOM & REPLACING WITH A 3 BEDROOM. (9) NO SIGNS OF FAILURE AT TIME OF CHECK.

INITIAL SITE SKETCH "NOT TO SCALE"



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: [signature] date 10/8/03 Installed by:

Improvement Permit by: date Operation Permit by: date

Authorization to Construct by: date Existing System Inspection by: [signature] date 10-8-03

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