# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 21895

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

PIN # 4852626083

APPLICANT: Clayton Homes APPLICANT ADDRESS: 2026 Northside Dr.

SITE ADDRESS: 593 Jericho Rd. PHONE: 704-902-4659 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 21 N TL Hwy 901 TL Jericho Rd Property on Right Past Lake Mullis Rd

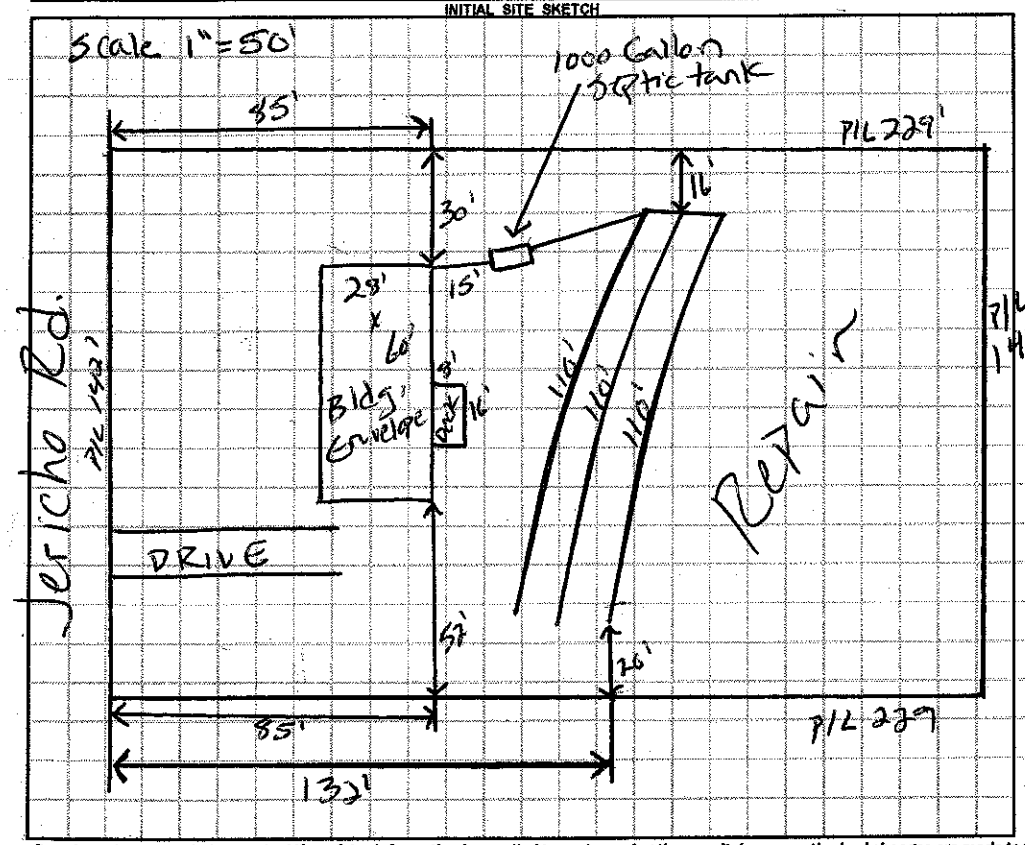
SUBDIVISION: Jericho Heights SECTION: N/A LOT # 5 LOT AREA: 0.75 acres DESIGN FLOW: 360 gpd L.T.A.R.: 0.275

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 (gal) | STB | 766-1000 | Date | 7-19 | ☑ New System | ☐ Repair | ☐ Expansion | System Type: I II (III) IV V VI | ☑ Residence | No. Bedrooms 3 |
| Pump Tank | (gal) | PT | | Date | | System Description: | 25% Reduction | | | ☐ Business | No. Persons 6 |
| Pump Make | | Model | | Serial # | | Repair System Description: | 25% Reduction | | | ☐ Other | No. Employees |
| # Nitrification Fields | 1 | # Lines | 3 | Linear Ft: | 330' | Maintenance Agreement Required: | ☐ YES | ☑ NO | | ☐ Slab | ☑ Crawl Space |
| Trench Width | 36" | Max. Trench Bottom Depth | 32" | Gravel Depth | N/A | ☑ GRAVITY | ☐ PRESSURE | | | ☐ Basement w/plumbing | ☐ Basement w/o plumbing |

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: Install 25% Reduction on contour with serial distribution.

INITIAL SITE SKETCH




AS BUILT SKETCH

- Red Polylok Spike installed
- AC36 Chambers installed
- Installed as drawn
- House not on Lot @ time of inspection

*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.* **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 10-27-15 Installed by: Tim Abee

IMPROVEMENT PERMIT by: Justin Henderson Date: 10-27-15 OPERATION PERMIT by: Justin Henderson Date: 10-30-15

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 10-27-15 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK