IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (CI) MOORESVILLE 704-664-5281

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

PERMIT# 13679 PIN# 4860744~~615~~ 3654 DATE 6/1/06

OWNER OR CONTRACTOR Clayton Homes PHONE: Business _____ Home 704-873-2547

ADDRESS 2024 Westside Drive Statesville NC 28677

LOCATION Tabor RD (R) Ashford Property on Right

SUBDIVISION Holly Ridge BLOCK / SECTION _____ LOT 24/25 LOT AREA 1.47 SITE CLASS RS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 1012 Date 2-10-06
Pump Tank: 1000 Gallons; PT 1017 Date 5-16-06
Pump Make: _____ Model WE025H Serial No. _____
Nitrification Field: No Fields ___ Square Feet 440 Linear Feet 240
No Lines 3 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth NA

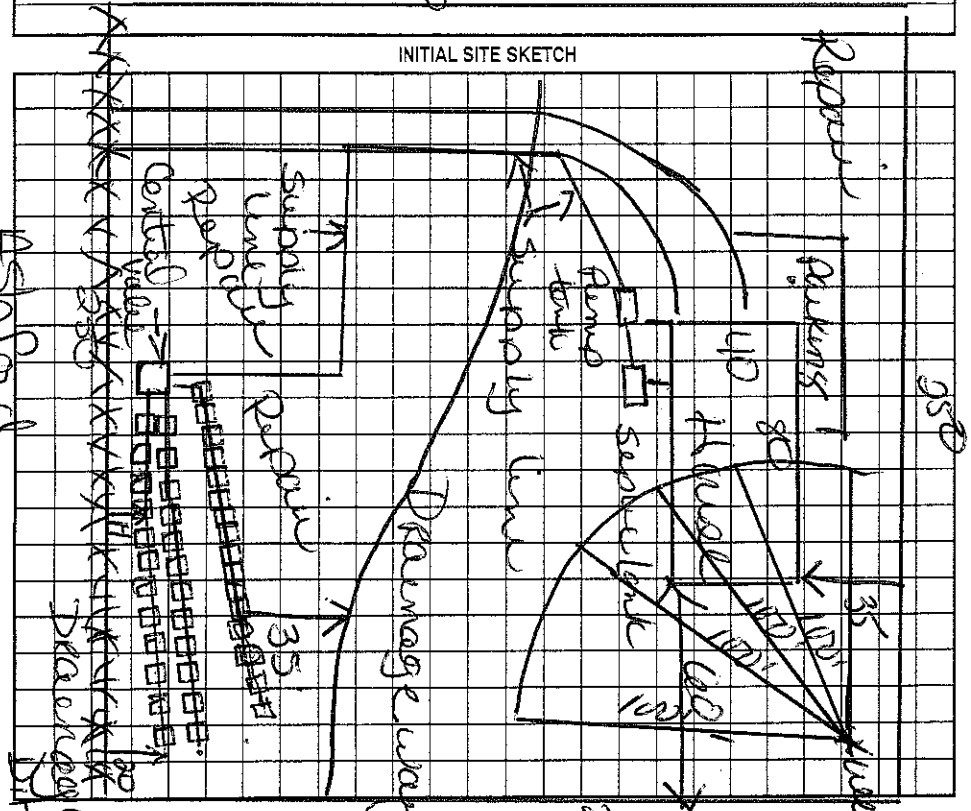
☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Low Pres. Panel
Repair System Description: Low Pres Panel
Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms ___
☐ Business No. Employees ___
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

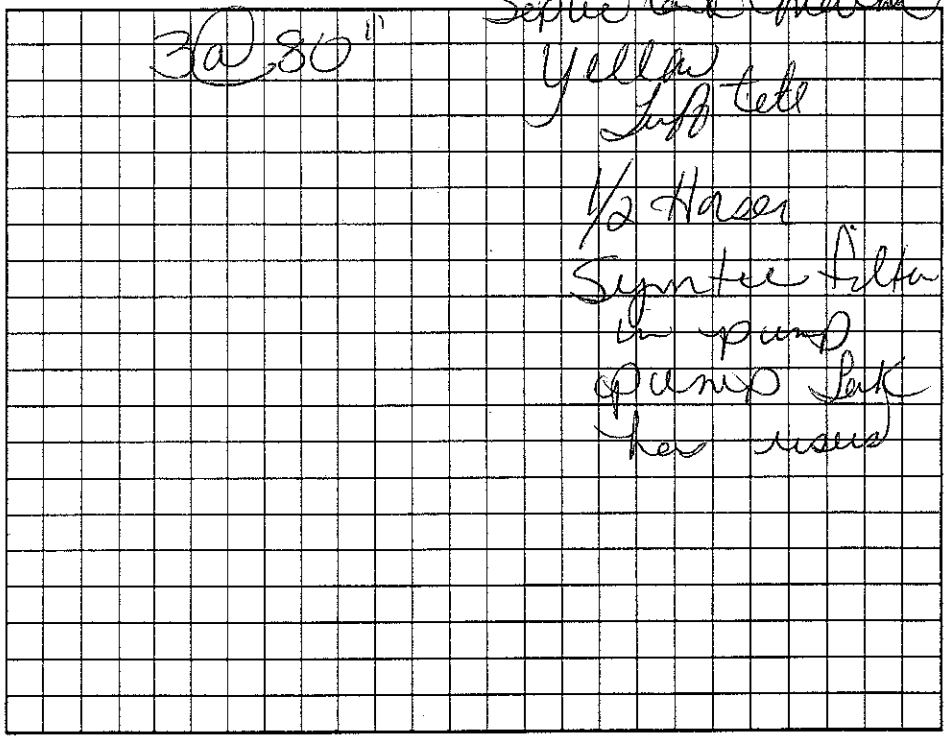
Comments:/Conditions: Install on Contour
Maintain all setbacks

INITIAL SITE SKETCH



Comments:/Conditions: ~~2@ 95~~ ~~1@ 60~~
Low Pressure panel

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 6/14/06 Installed by: A-1 Backhoe

Improvement Permit by: Kevin Cook date 6-1-06 Operation Permit by: James Owens date 10-05-06

Authorization to Construct by: Kevin Cook date 6-1-06 Existing System Inspection by: _____ date _____

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