IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 176199

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

PIN # 4892648918

APPLICANT: Clayton Homes/Spence APPLICANT ADDRESS: 2026 Northside Drive

SITE ADDRESS: 137 Joyner Rd. Mocksville PHONE: 704-239-3693 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 21 N TR Powell Bridge Rd. TL Turkey Foot Rd. TR Sandy Springs Rd TL Joyner Rd.

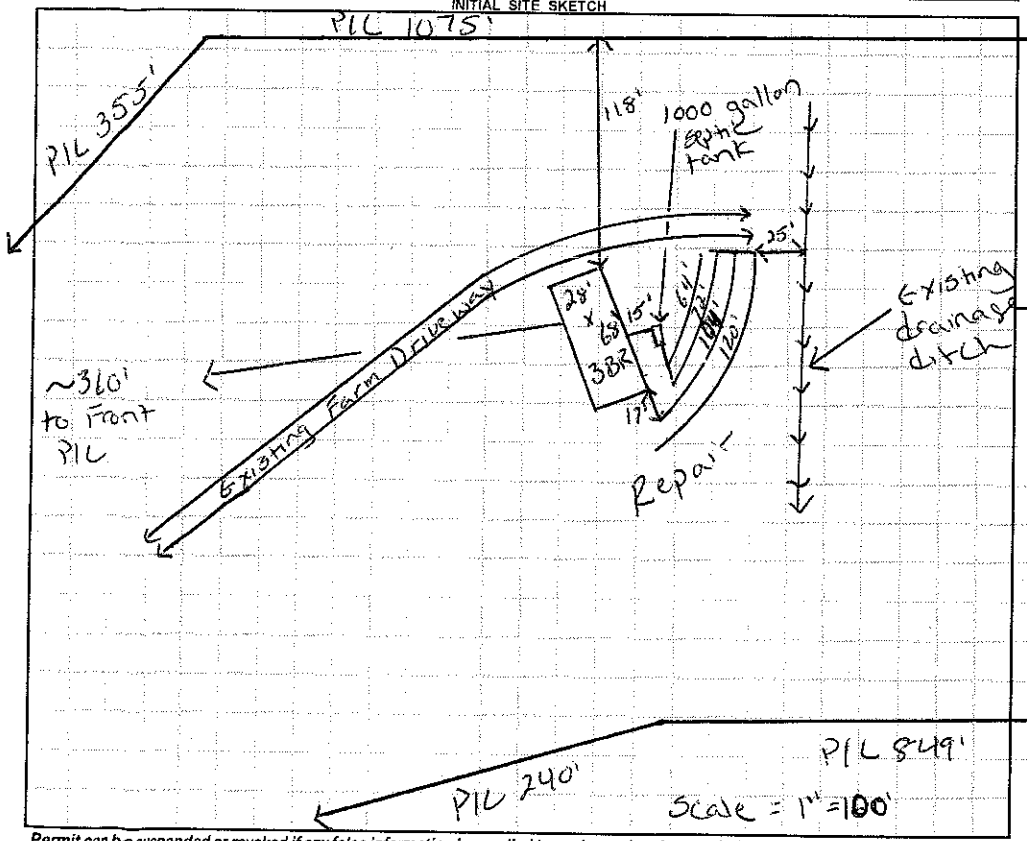
SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 10.04 acres DESIGN FLOW: 360gpd L.T.A.R.: 0.25

Septic Tank	1000 (gal)	STB	760	Date	9-9	☑ 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
Pump Make		Model		Serial #		Repair System Description:	25% Reduction	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft:	360	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☑ Crawl Space
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A	☑ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

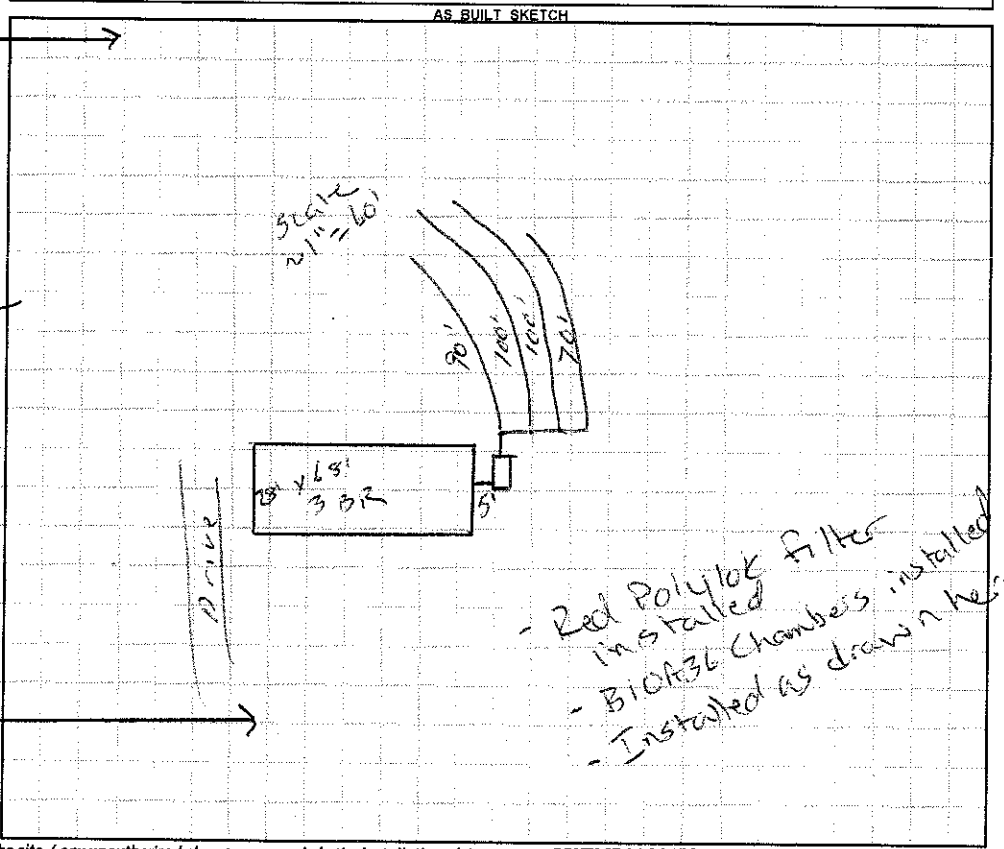
Water Supply: ☑ Private ☐ Public ☐ Community

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

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. **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: Deena Alee Date: 12/18/12 Installed by: Tim Alee

IMPROVEMENT PERMIT by: Justin Henderson Date: 12-17-12 OPERATION PERMIT by: Justin Henderson Date: 3-22-13

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 12-17-12 Existing System Inspected By: Date:

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