(CI)

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 14366 PIN# 3785-99-8815 DATE 10 August 07

OWNER OR APPLICANT Clyde Hall PHONE: Business 704-664-6400 cell ~~Home~~ 704-554-2490

ADDRESS P.O. Box 3397 Mooresville, N.C. 28117

LOCATION Nat 40 W TR Old MW. Rd. TL Cain Rd. TL Grain Dr. TR Bowing Ln.

SUBDIVISION Cain Rd. Est BLOCK / SECTION ____ LOT 40 LOT AREA 0.67 ac. SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. 0.3 gpd/ft²/cd

Septic Tank: 1000 Gallons; STB 1000-1 Date 8-9-07
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet = 1200 Linear Feet 300
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36 Gravel Depth ____

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 2590 Reduction
Repair System Description: 2590 Reduction-Pump
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons ____
☐ Business No. Employees ____
☐ Other ____

Water Supply: ☐ Individual ☑ Public ☐ Community

☑ Gravity ☐ Pressure ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: Follow contour /

Comments:/Conditions: Danny Bolen Septic Tank Inspector

INITIAL SITE SKETCH

Please see Attached Site plan.

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: Clyde Hall date 8-14-07

Improvement Permit by: D. Hall R.S. date 10 Aug. 07

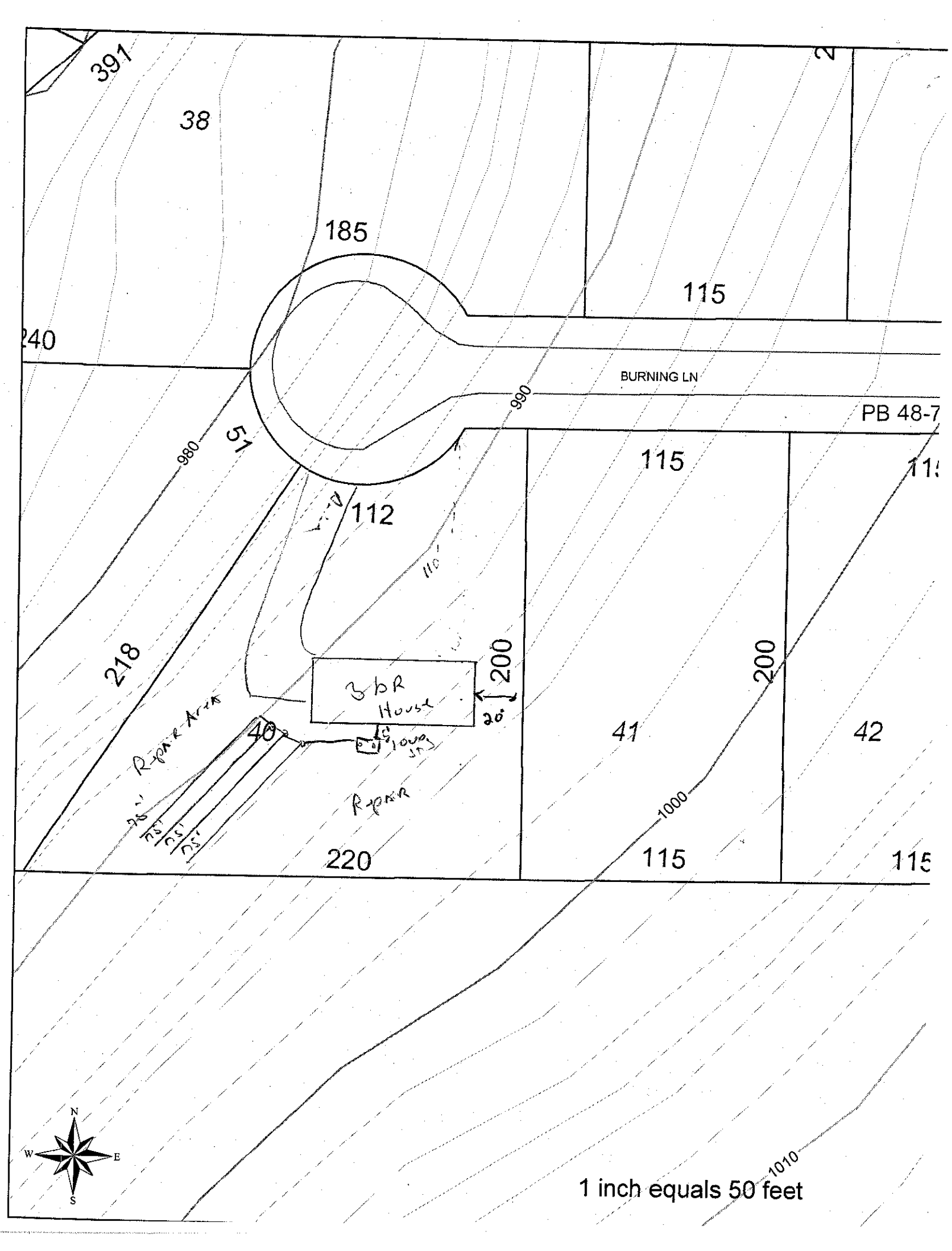
Authorization to Construct by: D. Hall R.S. date 10 Aug. 07

Installed by: Tommy Cathren

Operation Permit by: Kirk Cox date 9-26-07

Existing System Inspection by: ____ date ____

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


391
38
185
115
240
BURNING LN
990
PB 48-7
980
51
115
112
218
3 bR House
200
20'
40
41
42
200
1000
220
115
115
1010
N
W
E
S
1 inch equals 50 feet