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IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 143660 PIN# 3785-99-9866 DATE 13 August 07

OWNER OR APPLICANT Clyde Hall Enterprises PHONE: Business 704-664-6400 Home

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

LOCATION Hwy 40W Turn Rt. old mtn. Rd. 5 mi. TL Cain Rd. TL Gwin Dr. TR Bunny LN. on Left.

SUBDIVISION Cain Rd. Est. BLOCK / SECTION _____ LOT 41 LOT AREA 0.528ac. SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. 0.3/477²/d

Septic Tank: 1000 Gallons; STB 1007 Date 12-10-07

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 30" Max Trench Bottom Depth 36"

☑ New System ☐ Repair ☐ Expansion System Type: I ☑ II III IV V VI

System Description: 25% Reduction

Repair System Description: 25% Reduction - Pressure

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth _____ ☑ Gravity ☐ Pressure

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

Water Supply: ☐ Individual ☑ Public ☐ Community

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

Comments:/Conditions:

Follow contour

Comments:/Conditions:

ST Nos F. Hw & Marker

INITIAL SITE SKETCH

Please see attached site plans

AS BUILT SKETCH

Fuel cap to end cap distance

Installed As Drawn

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 8-14-07

Improvement Permit by: _____, R.S. date 13 Aug. 07

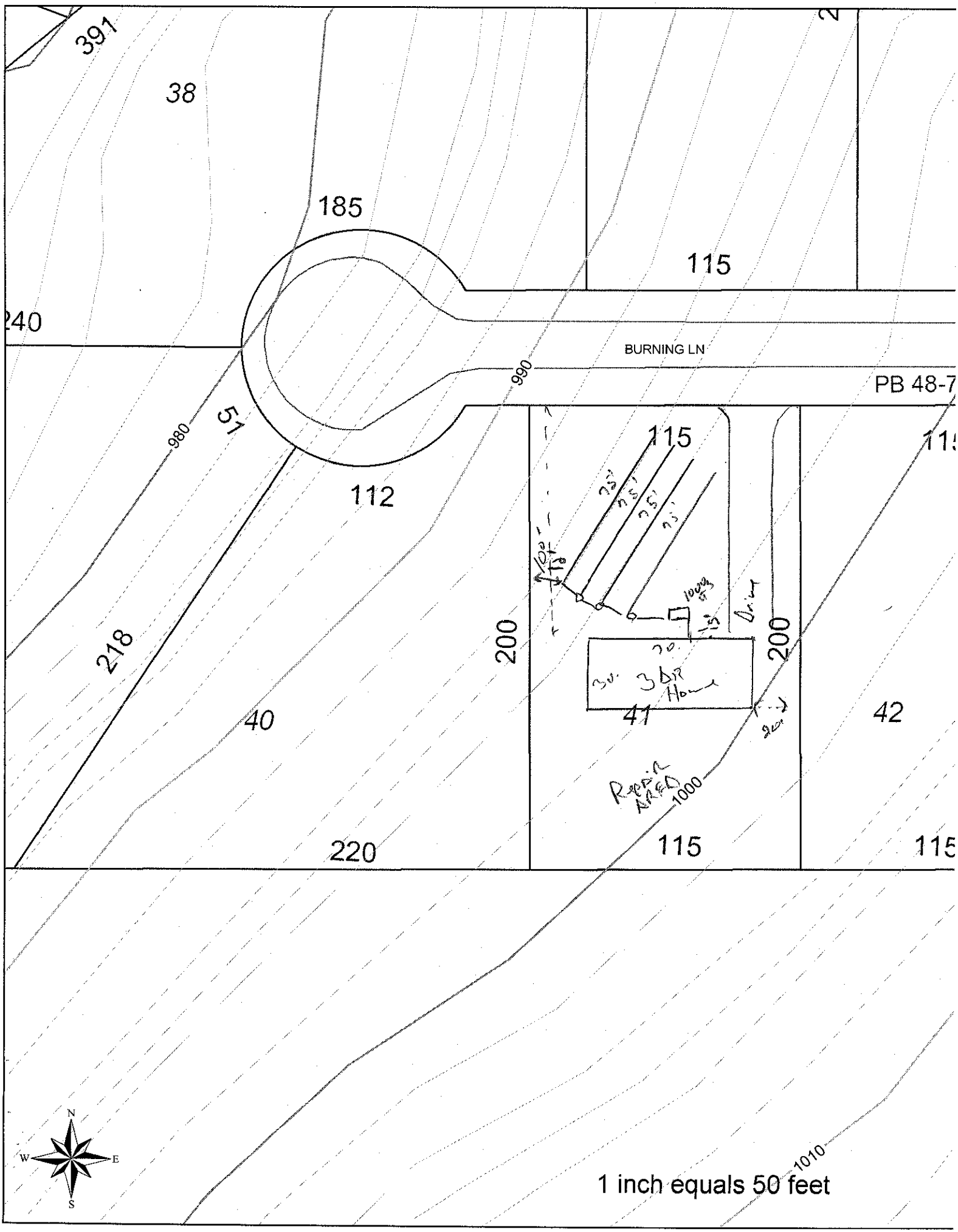
Authorization to Construct by: _____, R.S. date 30 Dec. 07

Installed by: Tommy Cothran

Operation Permit by: _____, R.S. date 25 Feb 08

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
112
115
218
200
200
40
41
42
220
115
115
1000
1010
1 inch equals 50 feet
N
W
E
S