IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 092328 PIN# 3795090951 DATE 4/4/01

OWNER OR CONTRACTOR C. L. Hall Enterprises PHONE: Business (704) 876-6847 Home —

ADDRESS P.O. Box 3397 Mooresville NC 28117

LOCATION I-40 W, (1) off mile Rd (2) on Cain Road (3) on Stowe Rd

SUBDIVISION Cain Estates BLOCK / SECTION II LOT 16 LOT AREA .58 Ac. SITE CLASS V5 DESIGN FLOW 360 L.T.A.R. -3

Septic Tank: 1,000 Gallons: STB 1012 Date 3-19-01

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1,200 Linear Feet 400

No Lines 5 @ 80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

X New System ☐ Repair System Type: I (II) III IV V VI

System Description: Gravity, Conventional

Repair System Description: Rock, 25% Reduction

Maintenance Agreement Required: ☐ Yes X No

☐ House/Mod. Home No. Bedrooms 3

X Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

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

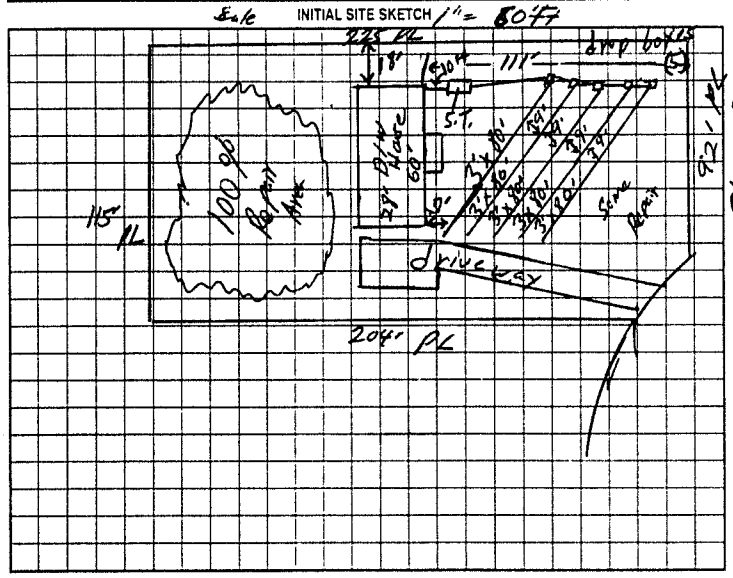
Water Supply: ☐ Individual X Public ☐ Community

Comments/Conditions: (1) Install 5 liner @ 80' on contour (2) Keep System 10 ft off property liner (3) Repair Install when wet (4) Keep System 10ft From Gas line.

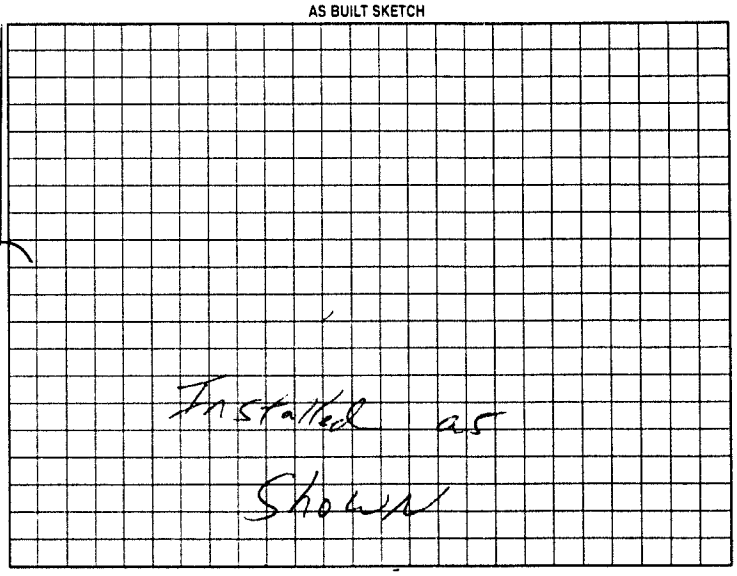
Comments /Conditions:

- Polylok Filter Installed
- Septic Tank marks Installed

Scale INITIAL SITE SKETCH 1" = 60'



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: James H. Comb date 3/11/01 Installed by: Tommy Cothern

Improvement Permit by: William E. Johnson RSI date 4/4/01 Operation Permit by: William E. Johnson date 8/24/01

Authorization to Construct by: William E. Johnson RSI date 4/4/01 Existing System Inspection by: ____ date ____

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