IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-66‹ ›281

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

PERMIT# 89469 PIN# 379 5090951 PT DATE 6/13/00

OWNER OR CONTRACTOR CLYDE HALL ENT PHONE: Business 664-6400 Home

ADDRESS PO BOX 1556 MOORESVILLE NC 28115

LOCATION OLD MTN- TL CAIN- TL STRAW - 4th ON RT

SUBDIVISION CAIN RD BLOCK / SECTION 2 LOT 15 LOT AREA .59AC SITE CLASS PS DESIGN FLOW 360G/D T.A.R. .3 gpd/ft2

Septic Tank: 1000 Gallons; STB 1012 Date 7-3-00

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

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

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

System Description: GRAVITY CONVENTIONAL

Repair System Description: PUMP SAME

Maintenance Agreement Required: ☐ Yes ☑ No

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

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

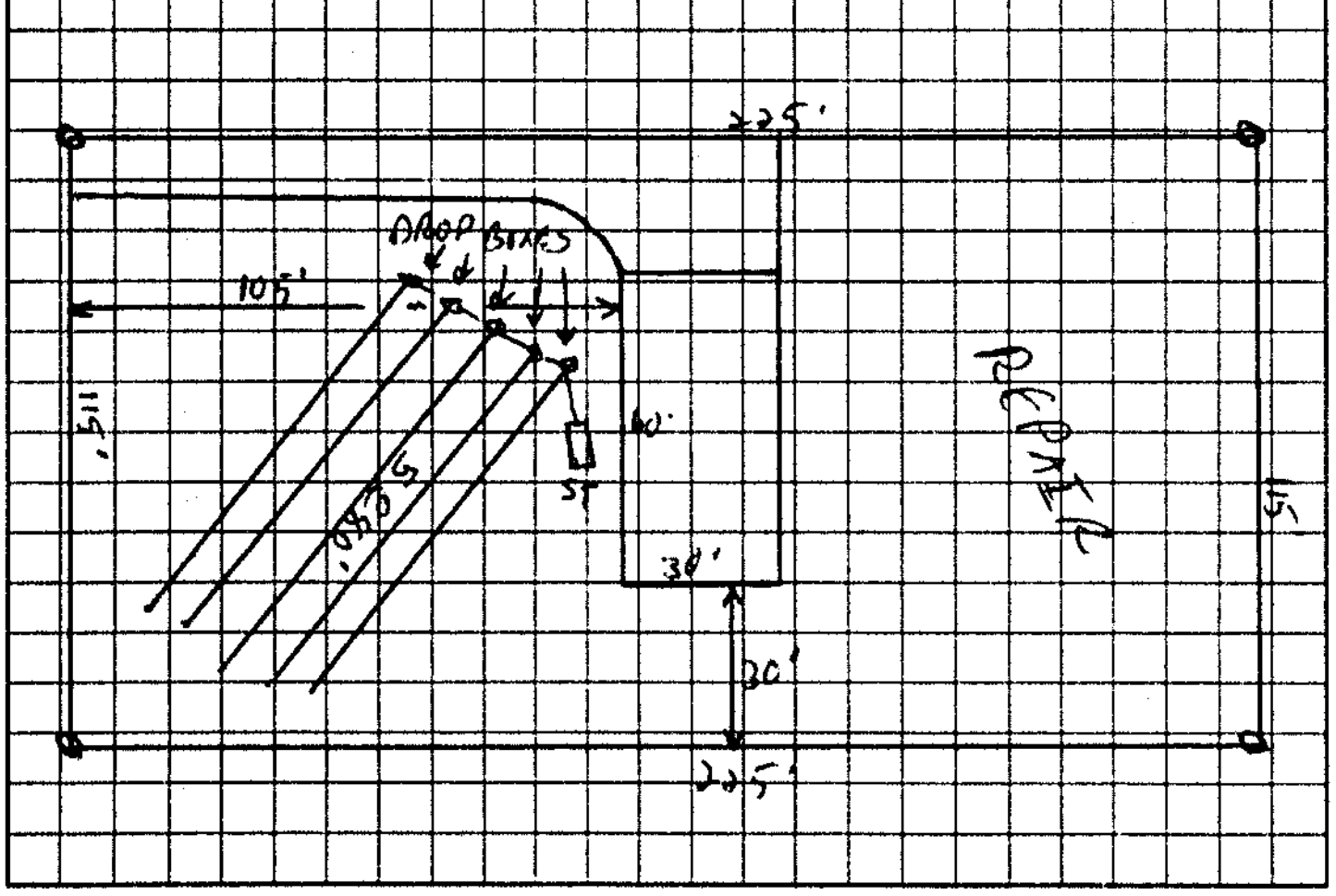
No. Bedrooms 3 No. Bathrooms 2 No. Employees

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions:

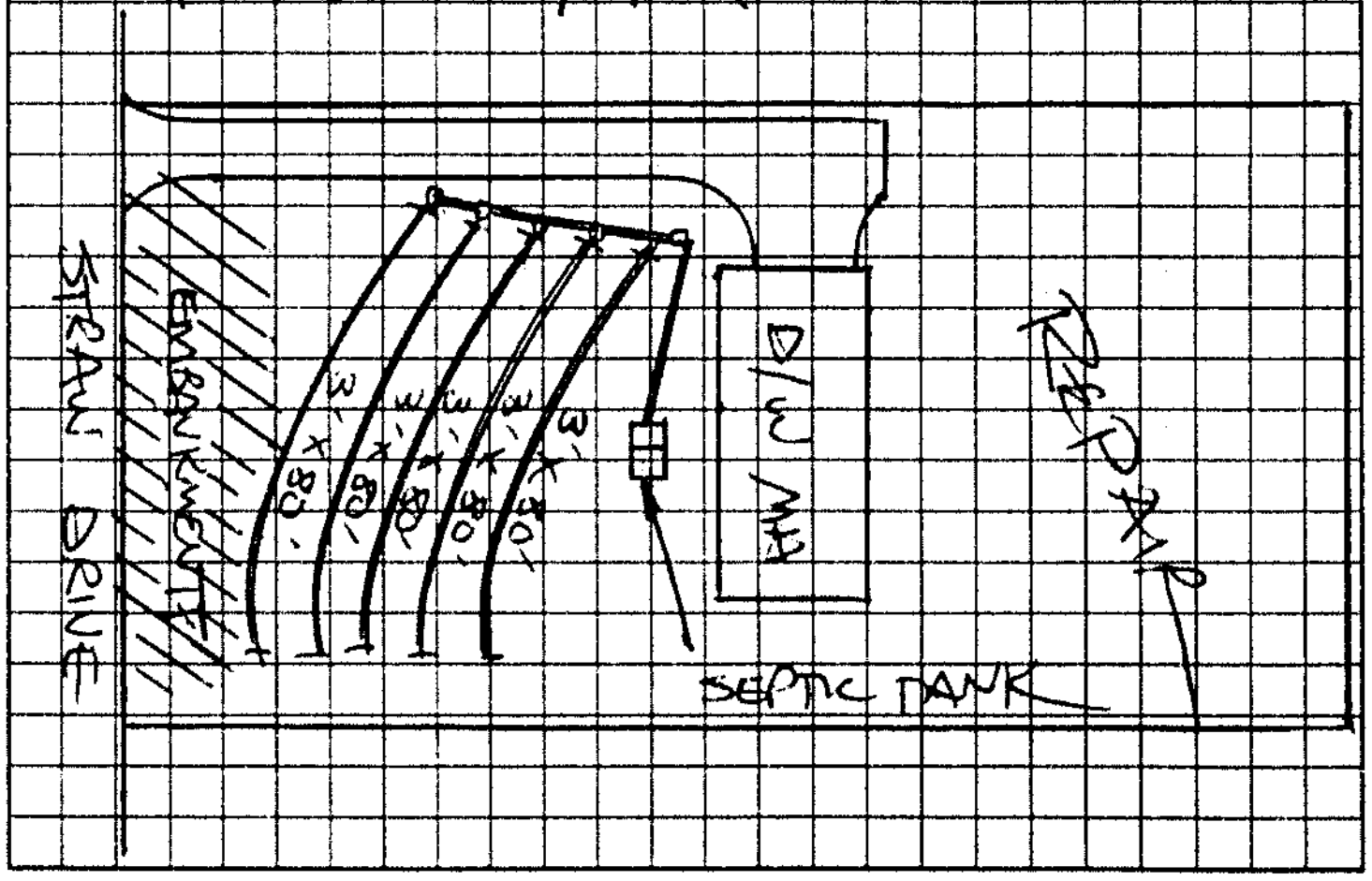
Comments/Conditions: (1) SEPTIC TANK W/ MARKER INSTALLED USING "POLYLOK" FILTER (2) SYSTEM ALTERED AS SHOWN WITHOUT PRIOR HEALTH DEPARTMENT APPROVAL

INITIAL SITE SKETCH 1" = 50'



AS BUILT SKETCH

(3) KEEP WATER LINE MINIMUM TEN FEET FROM SYSTEM



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: [signature] date 6-14-2000 Installed by: TOMMY COTHREN

Improvement Permit by: [signature] RS date 6/13/00 Operation Permit by: STEVE HEDRICK date 12-5-00

Authorization to Construct by: [signature] RS date 6/13/00 Existing System Inspection by: date

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