IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 092326 PIN# 3795090951 3786-90-3760 DATE 5/2/01

OWNER OR CONTRACTOR Clyde Hall Enterprises PHONE: Business (704) [redacted]450-6481 Home —

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

LOCATION ~~[redacted]~~ I-40 West, @ Old Mth Rd, @ Cain Street, @ Straw

SUBDIVISION Cain Road Estates BLOCK / SECTION 2 LOT 13 LOT AREA .97 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 1012 Date 2-17-03

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480

No Lines 5@96 Trench Width 3 Ft Max Trench Bottom Depth 30" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Gravity, Conventional

Repair System Description: Gravity, Conventional

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

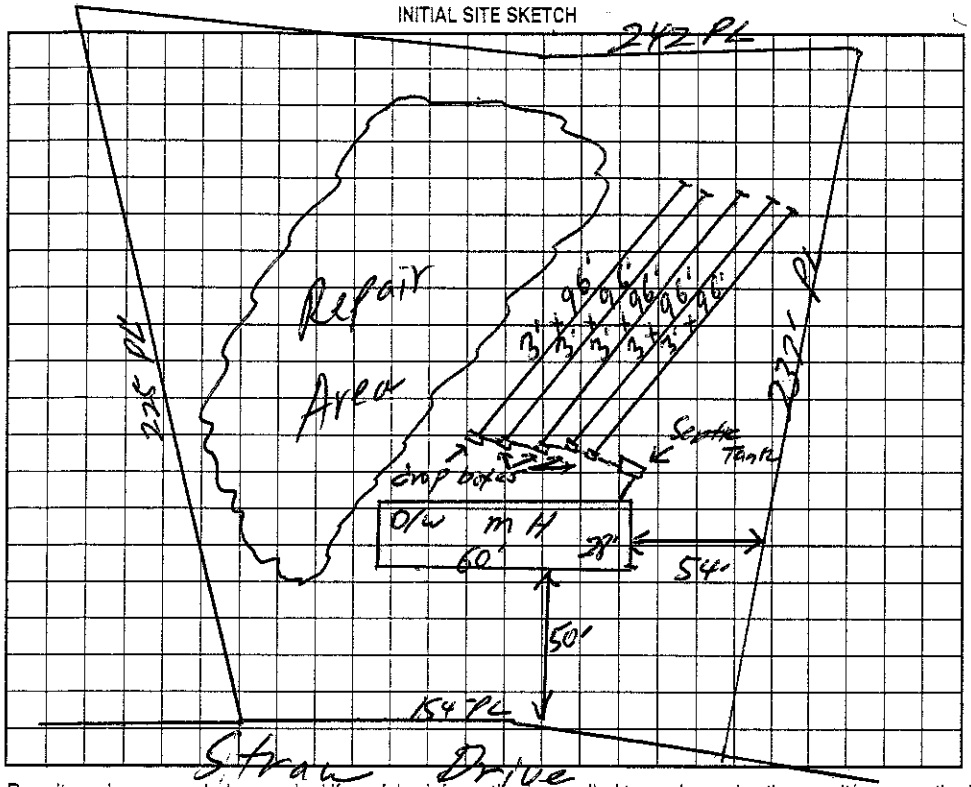
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions: ① Do not install when wet ② Keep lines 10 ft off property lines

Comments:/Conditions: Turf Tire Fittings + ST marker Installed

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as Shown per Initial Site 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 Combs date 5/04/01 Installed by: A-1 Backhoe

Improvement Permit by: William O. Johnson RSI date 5/2/01 Operation Permit by: William O. Johnson date 5/20/03

Authorization to Construct by: William O. Johnson RSI date 5/2/01 Existing System Inspection by: _____ date _____

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