IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 92323 PIN# 3795090951 PT DATE 12/29/00

OWNER OR CONTRACTOR CLYDE HALL ENT PHONE: Business 876-6847 Home

ADDRESS PO BOX 3397 MOORESVILLE NC 28117

LOCATION OLD MOUNTAIN RD - TL CAIN RD - ON CORNER OF STRAW RD

SUBDIVISION CAIN RD ESTATES BLOCK / SECTION LOT 11 LOT AREA .52AC SITE CLASS RS DESIGN FLOW 360GPD L.T.A.R. .36/PT2

Septic Tank: 1000 Gallons: STB 1012 Date 2-15-01

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 5@60' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: GRAVITY INNOVATIVE

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

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

☑ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

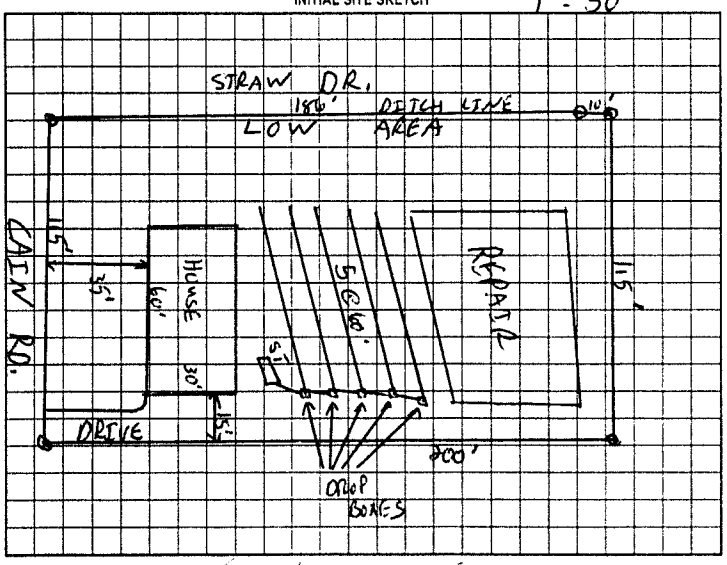
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions:

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- Poly/Ok Filter Installed
- Septic Tank Marker Installed
- 48 Infiltrator Chamber Installed

INITIAL SITE SKETCH 1" = 50'



AS BUILT SKETCH

Installed as 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: DB Stinecalter date

Installed by: Tommy Cothern

Improvement Permit by: C. Bly Jr RS date 12/29/00

Operation Permit by: William O. Johnson BSI date 5/4/01

Authorization to Construct by: C. Bly Jr RS date 12/29/00

Existing System Inspection by: date

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