IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 89470 PIN # 379 5 C9C951 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 Rd [illegible]

SUBDIVISION Cash Rd Est. BLOCK / SECTION 2 LOT 22 LOT AREA 1.1 ac SITE CLASS PS DESIGN FLOW 360 GPD LTAR .3 GPD/ft²

Septic Tank: 1000 Gallons STB 1507 Date 6-12-00
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 30" Gravel Depth 12"

New System / Repair / System Type I II III IV V
System Description Gravity Conventional
Repair System Description Gravity Conventional
Maintenance Agreement Required: Yes / No
Slab / Crawl Space / Basement w/o Plumbing / Basement w/Plumbing

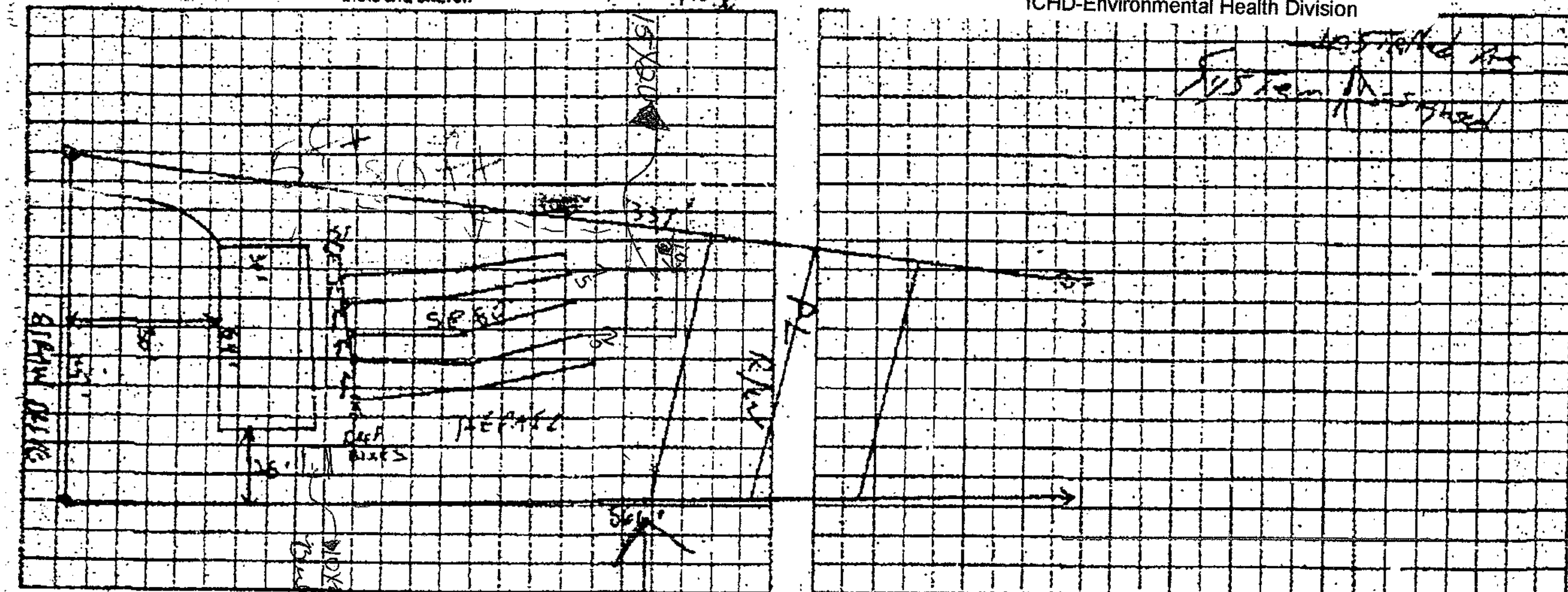
House/Mod. Home / Mobile Home / Business / Other
No. Bedrooms 3
No. Bathrooms 3
No. Employees

Water Supply: ☐ Individual ☐ Public ☐ Community

Comments/Conditions:

The proposed / existing Buildings addition does not appear to impact the existing septic system.
**NOTE: Maintain setbacks noted
[signature] R.S.
Date: 10-26-09
ICHD-Environmental Health Division

INITIAL SITE SKETCH 1"=50'



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 Cathren

Improvement Permit by: [signature] RS date 6/13/00 Operation Permit by [signature] date 7/28/2000

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