C1

called 6-26-07 @ 11:00 / left message

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 138580 PIN# ~~3485-11-5885~~ 3786-90-8131 DATE 30 Apr 107

OWNER OR APPLICANT Clyde Hall Enterprises INC. PHONE: Business 704-534-2490 Home 704-664-6400

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

LOCATION Old mtg. Rd Turn onto Cain Rd. Turn left into Cain Rd. Estates - Turn onto Burning Log

SUBDIVISION Cain Rd. Estates BLOCK / SECTION 4 LOT ~~38~~ 38 LOT AREA 1. ~~29~~ 29A SITE CLASS. 105 DESIGN FLOW 360 g/d L.T.A.R. 0.13 g/ft²/d

Septic Tank: 1000 Gallons; STB WP SIB1007 Date 7-3-07

Pump Tank: 1000 Gallons; PT Date 5-3-07

Pump Make: Cowles Model WF05ILH Serial No.

Nitrification Field: No Fields 1 Square Feet = 1200 Linear Feet 202

No Lines 4 Trench Width 24" Max Trench Bottom Depth 32" Gravel Depth

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

System Description: 50% Reduction - Pressure Manif.

Repair System Description: 50% Reduction - Pressure

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons

☐ Business No. Employees

☐ Other

Water Supply: ☐ Individual ☑ Public ☐ Community

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

Comments:/Conditions: Follow contour

Comments:/Conditions: ST Marker / Filter installed.

INITIAL SITE SKETCH

Please see Attached Site plan

AS BUILT SKETCH

Installed As Drawn

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: _____ date 7-5-07

Improvement Permit by: _____, R.S. date 30 Apr 07

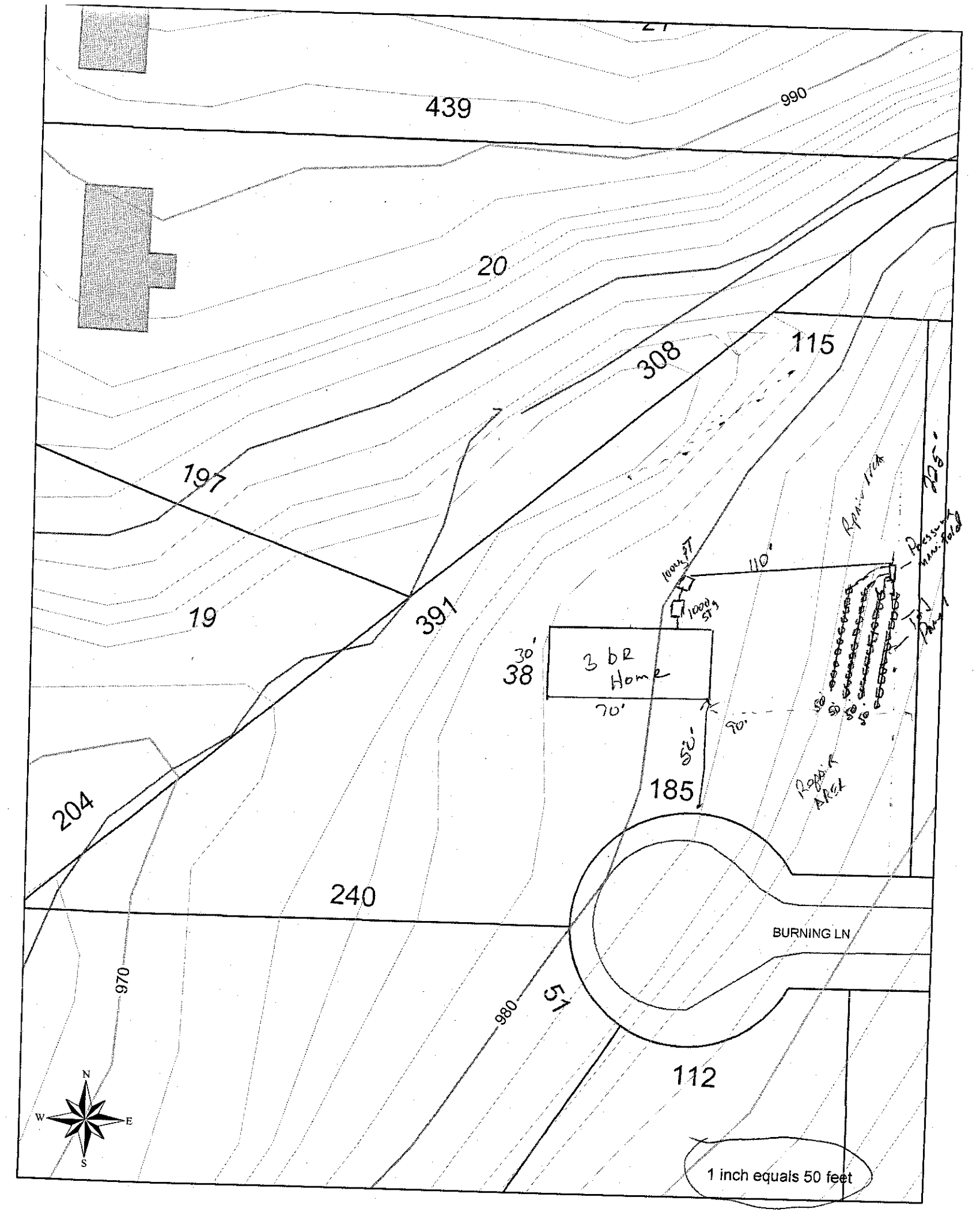
Authorization to Construct by: _____, R.S. date 30 Apr 07

Installed by: Tommy Cothern

Operation Permit by: _____, R.S. date 12 October 07

Existing System Inspection by: _____ date _____

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


439
990
20
308
115
197
19
391
38
30'
3 bR
Home
70'
90'
50'
185
110'
1000 GT
1000 GT
204
240
BURNING LN
970
980
51
112
N
W
E
S
1 inch equals 50 feet