IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 1472620 PIN# 3795093826.000 DATE Jan-8-08

OWNER OR APPLICANT Clyde Hall Enterprises Inc PHONE: Business 704-664-6400 Home ~~Same~~ 704-534-2490

ADDRESS P.O. Box 3397 Mooresville, NC 28117

LOCATION Old Mt Rd TL Cain Rd TL Grain Rd, TR Burning Ln.

SUBDIVISION Cain Rd Estates BLOCK / SECTION Ph 4 LOT 44 LOT AREA .528 ACQ SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 1160 Date 7-9-09

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 4X100' Trench Width 36" Max Trench Bottom Depth 36 Gravel Depth 12"

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

System Description: Gravity Conventional

Repair System Description: @ 25% Red Pump

Maintenance Agreement Required: ☐ Yes ☒ No

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

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

No. Bedrooms 3 No. Persons ____ No. Employees ____

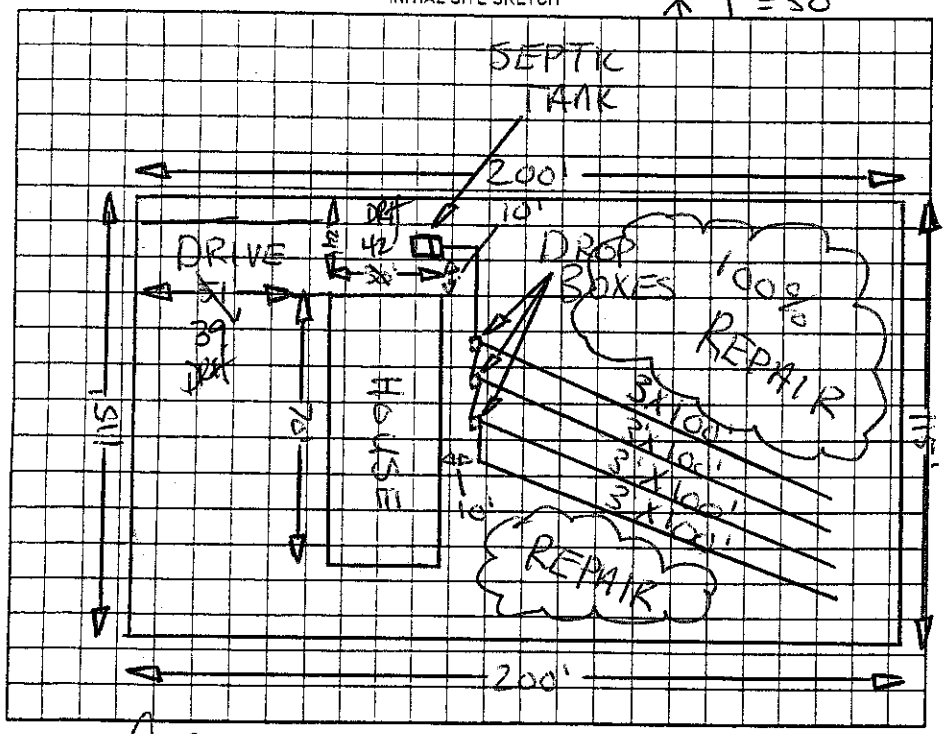
Water Supply: ☐ Individual ☐ Public ☒ Community

Comments:/Conditions: Keep trenches 9' on center / Stay 10' off prop lines + house / Use serial dist w/ Drop Boxes

Comments:/Conditions:

Septic Monitor Lid Red

INITIAL SITE SKETCH * 1"=50'



AS BUILT SKETCH

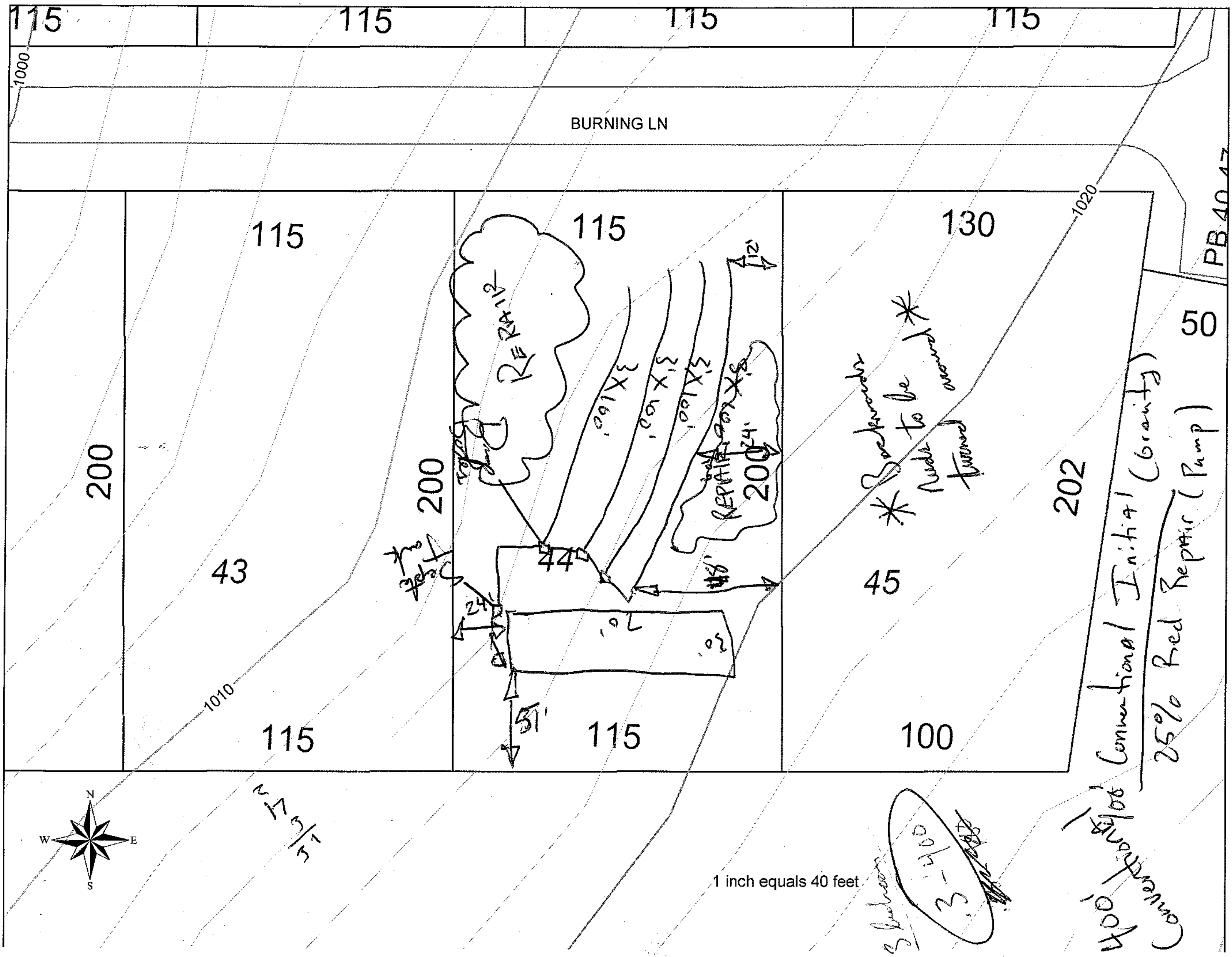
Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☒ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: _____ date 6-19-09 Installed by: Tommy Cothran

Improvement Permit by: _____ date Jan-8-08 Operation Permit by: _____ date 8-18-09

Authorization to Construct by: _____ date 6-19-09 Existing System Inspection by: _____ date _____

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


115
115
115
115
1000
BURNING LN
1020
PB 40 17
115
115
130
50
200
200
200
202
43
44
45
1010
115
115
100
N
W
E
S
1 inch equals 40 feet
Conventional Initial (Gravity)
25% Red Repair (Pump)
Conventional
REPAIR
3X100'
3X100'
3X100'
3-400