IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 CI per 130.2 MOORESVILLE 704-664-5281

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

PERMIT# 14256 PIN# 3796-00-2309 DATE 6/28/04

OWNER OR CONTRACTOR Clyde Hall Enterprises PHONE: Business - Home (704) 664-6400

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

LOCATION I-40 W @ Old Mtn Rd, L Cain Rd, L Cram Drive 2nd lot on Right, (behind lot 1+2)

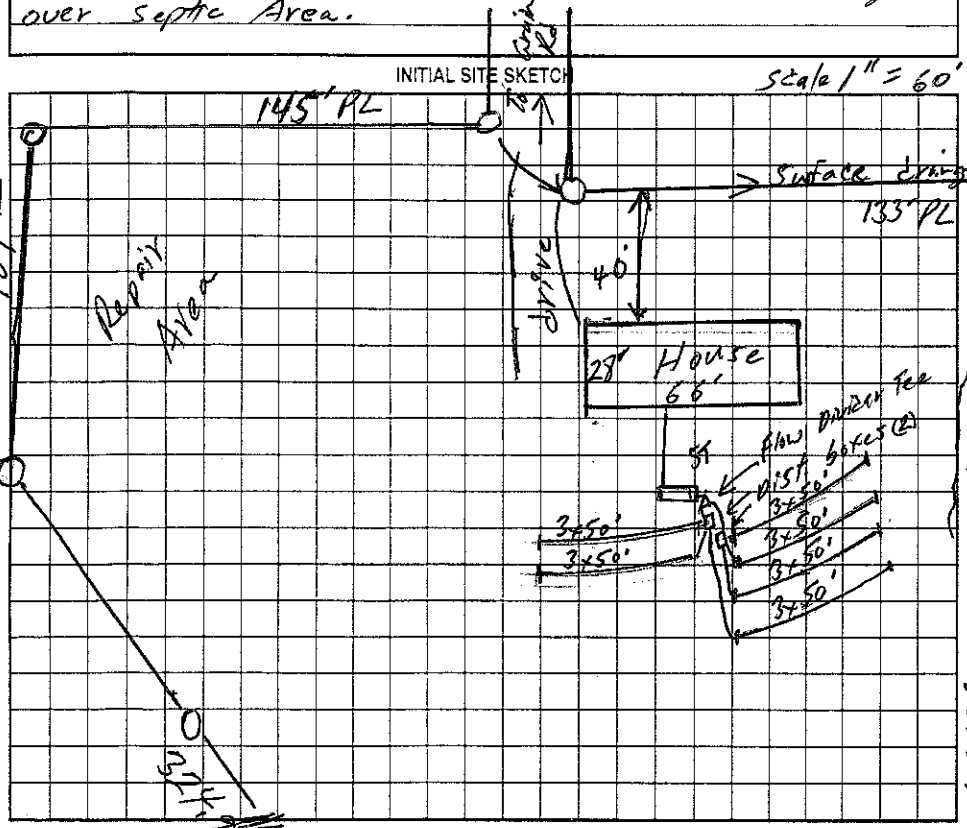
SUBDIVISION Cain Rd Estates BLOCK / SECTION (3) LOT 24 LOT AREA 2.317 Ac. SITE CLASS. #5 DESIGN FLOW 360 L.T.A.R. .30 gpd/ft²

Septic Tank: 1,000 Gallons; STB 1007 Date 7-4-04	☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI	☒ House/Mod. Home No. Bedrooms 3	Water Supply: ☐ Individual ☒ Public ☐ Community
Pump Tank: ____ Gallons; PT ____ Date ____	System Description: Gravity, 25% Reduction	☐ Mobile Home No. Bathrooms 2	
Pump Make: ____ Model ____ Serial No. ____	Repair System Description: Pump, 50% Reduction	☐ Business No. Employees ____	
Nitrification Field: No Fields 1 Square Feet Eq. to 1,200 Linear Feet 300	Maintenance Agreement Required: ☐ Yes ☒ No	☐ Other ____	
No Lines @ 50 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth N/A	☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing		

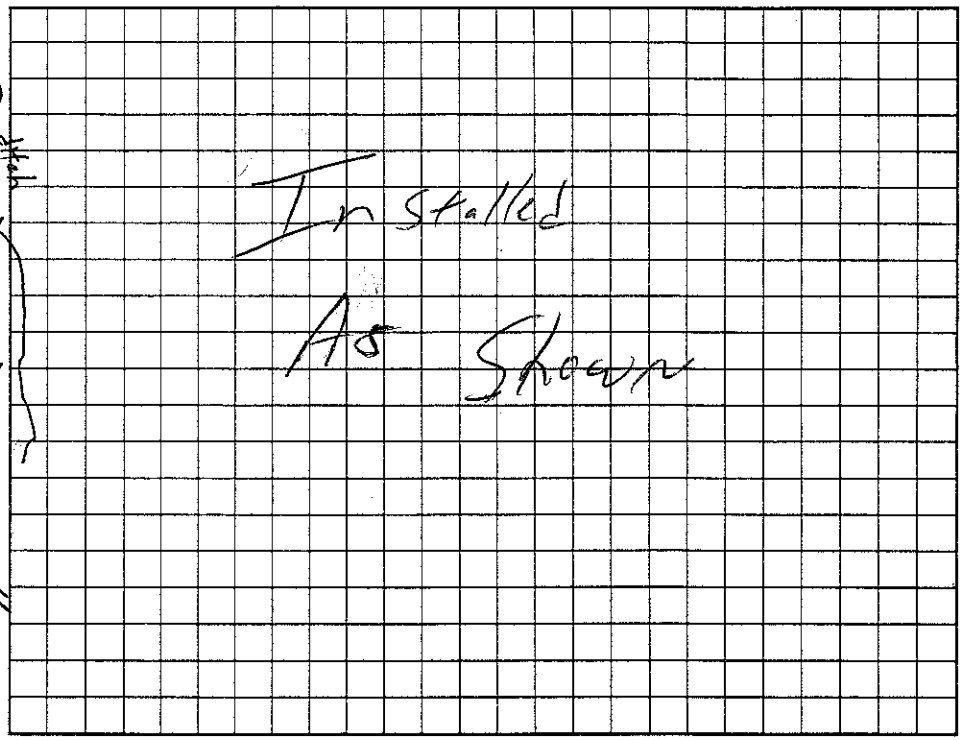
Comments:/Conditions: (1) Install lines on contour (2) Install one (1) flow divider tee + two (2) dist. boxes. (3) No cutting or filling over septic Area.

Comments:/Conditions:
- Installed 48 Infiltrator Chambers
- Zabel Filter + ST Marker Installed

INITIAL SITE SKETCH



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: Ken Walters date 9/24/04 Installed by: Tommy Cothren & Son

Improvement Permit by: William O. Johnson date 6/28/04 Operation Permit by: William O. Johnson date 9/30/04

Authorization to Construct by: William O. Johnson date 6/28/04 Existing System Inspection by: ____ date ____

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