# IREDELL COUNTY HEALTH DEPARTMENT

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

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

130.05 Pg. 9

PERMIT# 126552 PIN# 3796-00-6171 DATE 4-5-05

OWNER OR CONTRACTOR CLYDE HALL ENTERPRISES, INC PHONE: Business 704-664-6400 Home

ADDRESS P.O. BOX 3397 MOORESVILLE NC

LOCATION I-40 WEST TR OLD MTN RD TL CAIN ROAD TL GRAIN DRIVE, 5TH LOT ON LEFT

SUBDIVISION CAIN ROADS EST BLOCK / SECTION II LOT 30 LOT AREA 0.567 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT2

Septic Tank: 1000 Gallons; STB 760 Date 5-9-05
Pump Tank: 1000 Gallons; PT 363 Date 7-22
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: CONVENTIONAL PUMP
Repair System Description: SD2 REDUCTION LOW PRESSURE
Maintenance Agreement Required: ☐ Yes ☑ No

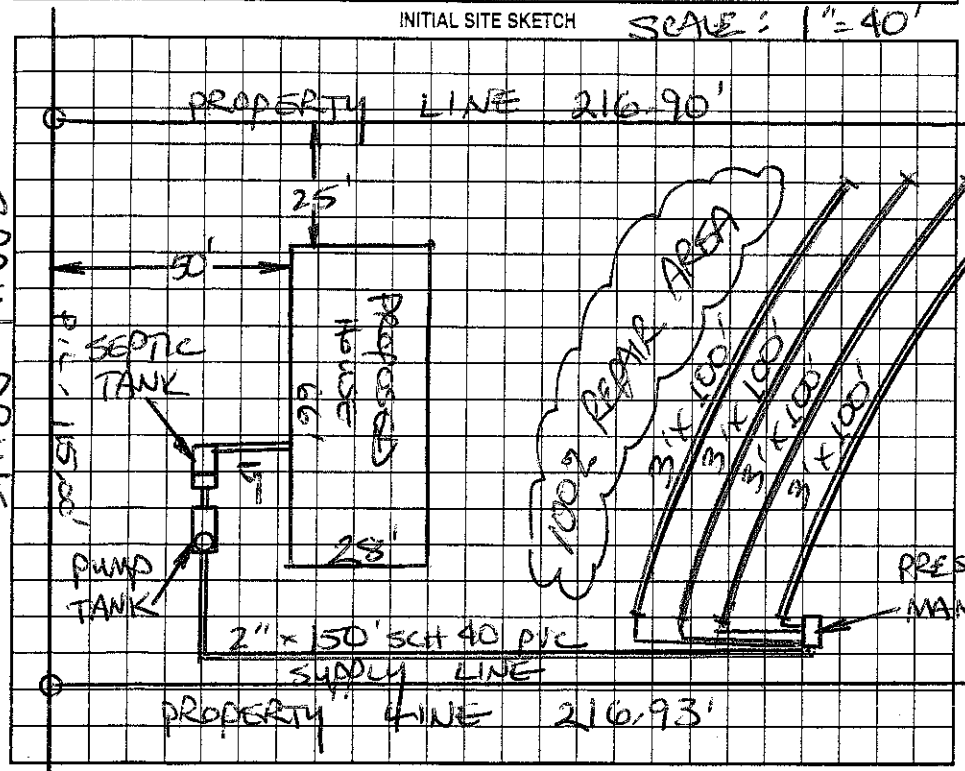
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

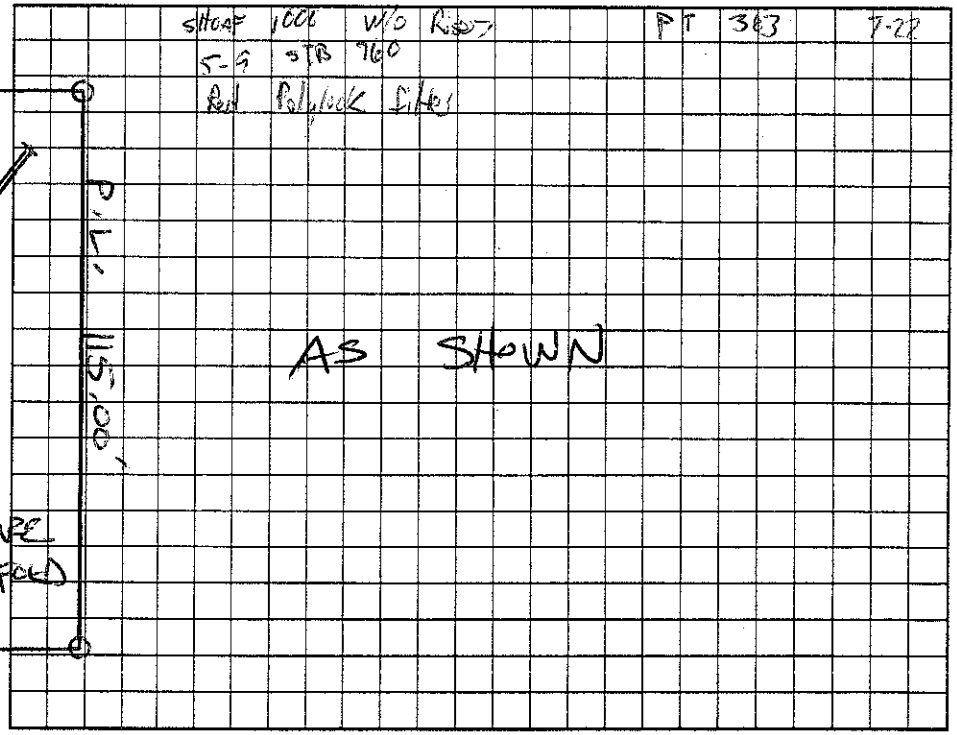
Comments:/Conditions ① REMOVE EXISTING FIELD TERRACES ② SEE ATTACHED SHEETS FOR PUMP & PRESSURE MANIFOLD REQUIREMENTS

Comments:/Conditions ① Approved 56'x27' 3 BEDROOM HOUSE, MEDITAN SETBACKS

INITIAL SITE SKETCH SCALE: 1"=40'




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: Clyde R Hall date 4-14-05 Installed by: TIM ABEE

Improvement Permit by: STEVE HEDRICK date 4-5-05 Operation Permit by: STEVE HEDRICK date 1-30-06

Authorization to Construct by: _____ date 8-11-05 Existing System Inspection by: _____ date _____

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