IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (1) 130.00 PAID MOORESVILLE 704-664-5281

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

PERMIT# 126551 PIN# 3796-00-6292 DATE 4-5-05

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

ADDRESS P.O. BOX 3397 MOORESVILLE NC 28117

LOCATION I-40 WEST TR OLD MTN RD, TL CAIN ROAD TL GRAIN DRIVE, 4TH LOT ON LEFT

SUBDIVISION CAIN ROAD EST. BLOCK / SECTION III LOT 29 LOT AREA 0.569 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.40 GPD/FT²

Septic Tank: 1000 Gallons; STB 760 Date 5-9-05

Pump Tank: 1000 Gallons; PT 363 Date 7-23-05

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No. Fields 1 Square Feet 900 Linear Feet 300

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: 30% REDUCTION, LOW PRESSURE

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other ____

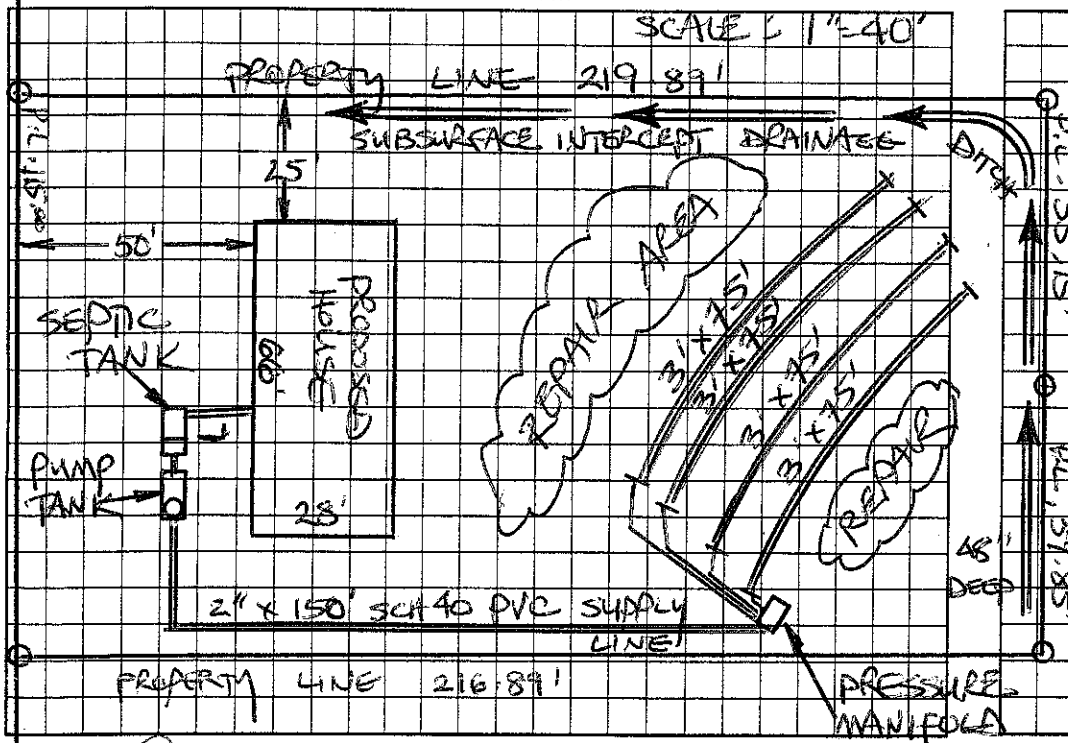
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

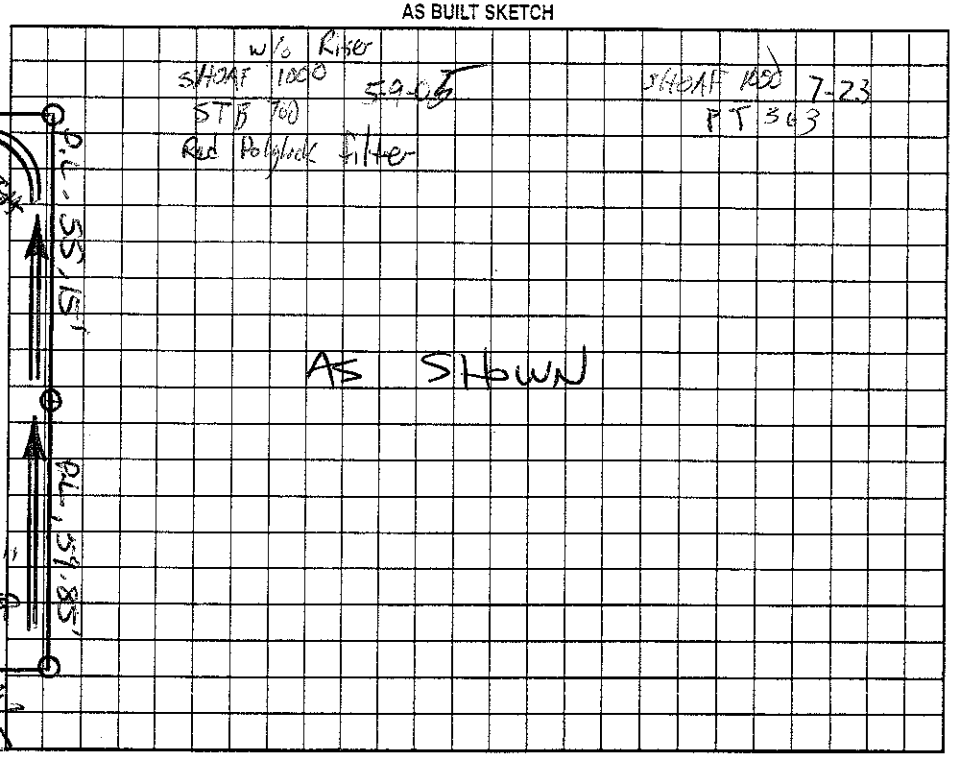
Comments:/Conditions: (1) REMOVE EXISTING FIELD TERRACE (2) USE PRESSURE MANIFOLD FOR EQUAL DISTRIBUTION (SEE ATTACHED SHEETS FOR PUMP & PRESSURE MANIFOLD REQUIREMENTS (3) INSTALL SUBSURFACE INTERCEPT DRAINAGE DITCH (SHOWN)

Comments:/Conditions: (1) Approved 60'x27' House Plan 3 Bedroom; MAINTAIN SETBACKS

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: 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