IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 23428 DATE 4-20-96 TAX MAP NO. 8614 75 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Clyde Hall Enterprizes PHONE: Business _____ Home _____

ADDRESS PO Box 1556 Mooresville

LOCATION old Mocksville Rd W IR Lindsey Farm Rd 1/2 mi Rt

SUBDIVISION LINDSEY FARM ROAD BLOCK / SECTION I LOT 4 LOT AREA 0.717 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.25 GPD/FT²

Septic Tank: 1000 Gallons; STB 875 Date 1-7-97

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No _____

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480

No Lines 4 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 GRAVITY

Repair System Description: CHAMBERED GRAVITY

Maintenance Agreement Required: ☐ Yes ☒ No

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

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home No Bathrooms 2

☐ Business No. Employees _____

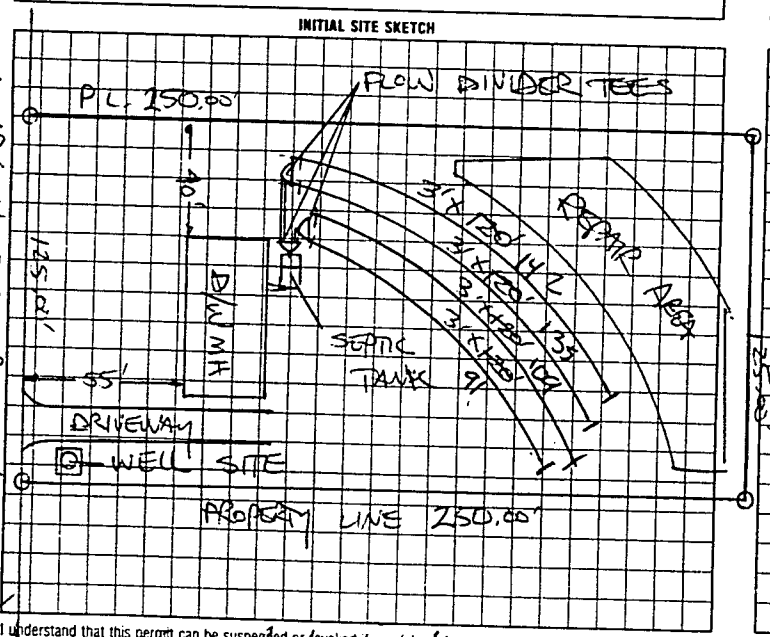
☐ Other _____

Water Supply: ☒ Individual ☐ Community ☐ Public WELL

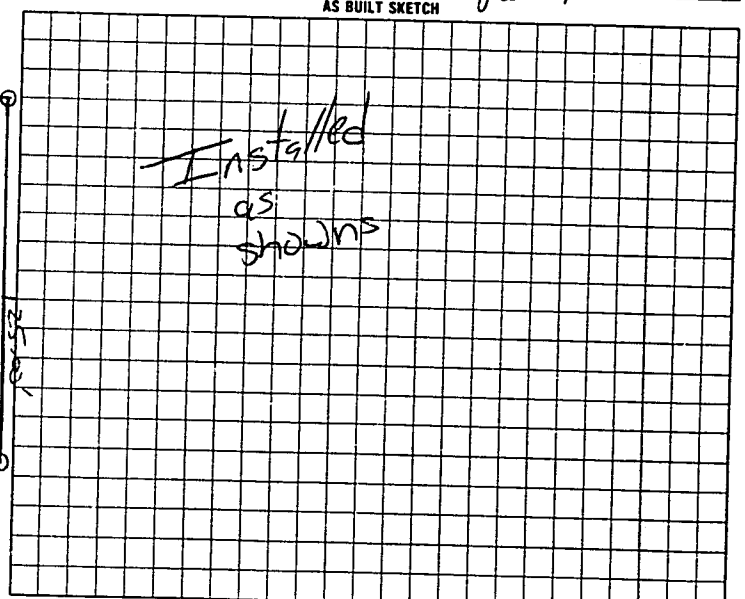
Comments: ① KEEP SYSTEM MINIMUM 100' FROM WELL ② USE THREE FLOW DIVIDER TEES TO ACHIEVE EQUAL DISTRIBUTION INTO EACH OF FOUR 120 LINES

Comments: Lines not even Could not get 120 on 1st 2 lines and stay on grade will not installed time of inspection

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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.

Signed: David B. Shackleford

Improvement Permit by: J. C. Moore date 4-20-96

Existing System Authorization J. C. Moore date 4-20-96

Authorization to cover

HEALTH DEPT. COPY: WHITE INS. ECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD

Installed by: Rowan Septic

Certificate of Completion by: _____ date _____

Operation Permit by: Mary Coit RS date 3-21-97

Authorization to cover EXPIRES 1 YEAR FROM ISSUE