IREDELL COUNTY HEALTH DEPARTMENT

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

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

PROPERTY DESCRIPTION NO. 1145 DATE Oct. 25, '93 TAX MAP NO. 2G 17A 39

OWNER OR CONTRACTOR Randy Clonginger PHONE: Business 4636-62-8046 Home 664 6576 Watershed: ☑ Yes ☐ No L.N.

ADDRESS RT6 : Box 466 Mocksville NC 28165

LOCATION 1100 Ft 4/2 (Statts Rd) TL Woodstream Dr. AT END on left

SUBDIVISION Norman Woods BLOCK / SECTION LOT 39 LOT AREA ~20,000 ft² SITE CLASS: 5 DESIGN FLOW 360gpd L.T.A.R. .3 gal/ft²/day

Septic Tank: 1000 Gallons; STB 774 Dellinger Date 2-22-93

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 2 Square Feet 1200 Linear Feet 400

No Lines (3+3) Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: gravity conventional

Repair System Description: pumped conv. / RIBTS

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 2½ No. Employees

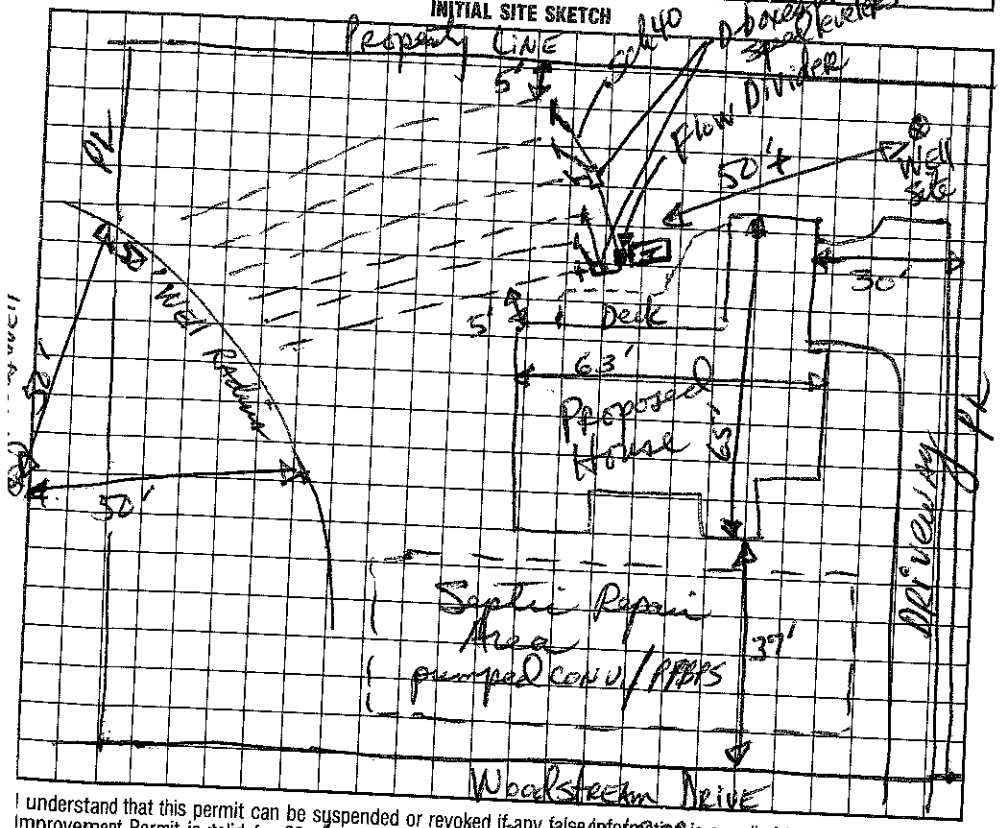
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

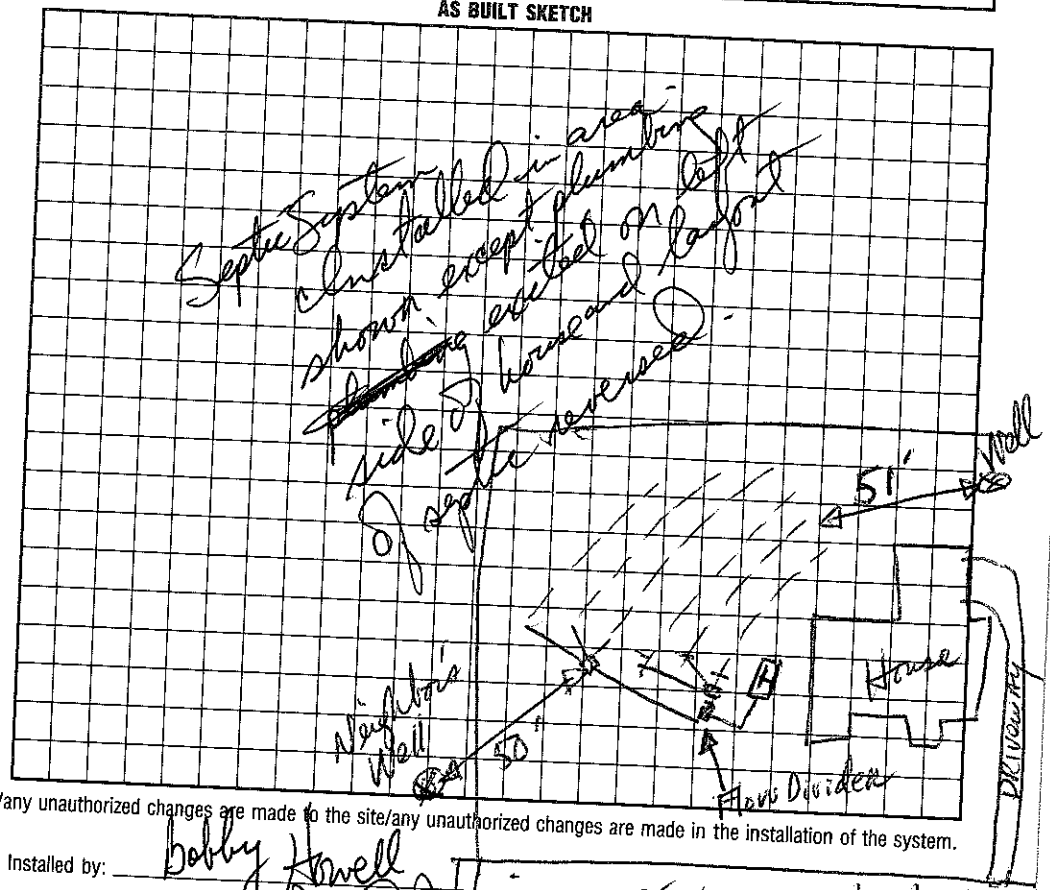
Comments: 200' off each subfield

Comments:

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. Improvement Permit is valid for 60 months from date of issuance.

Signed Randy Clonginger

Improvement Permit by: David R Hanson, RS date 10/25/93

Existing System Inspection by: date

Installed by: Bobby Howell

Certificate of Completion by: David R Hanson, RS date 4/29/94

Operation Permit by: date

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