IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 073720 PIN# 4654 77 6054 DATE May 16, 98

OWNER OR CONTRACTOR David Riggsby // Clodfelter Bldg Co. PHONE: Business _____ Home _____

ADDRESS 145 Sink Farm Rd. Mooresville

LOCATION 156 Sink Farm Rd. Presbyterian Rd. Turn on Sink Farm Rd on Right

SUBDIVISION Davidson Downes BLOCK / SECTION 2 LOT #20 LOT AREA ~105 x 195 SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 8-4-98

Pump Tank: 1000 Gallons; PT 27 Date 9-20-98

Pump Make: Hydromatic Model SK50A1 Serial No. 2-98

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5@80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: Pumped on - Modified 25%

Repair System Description: L Panel Block

Maintenance Agreement Required: ☐ Yes ☑ No Initially

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees ____

☐ Other ____

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

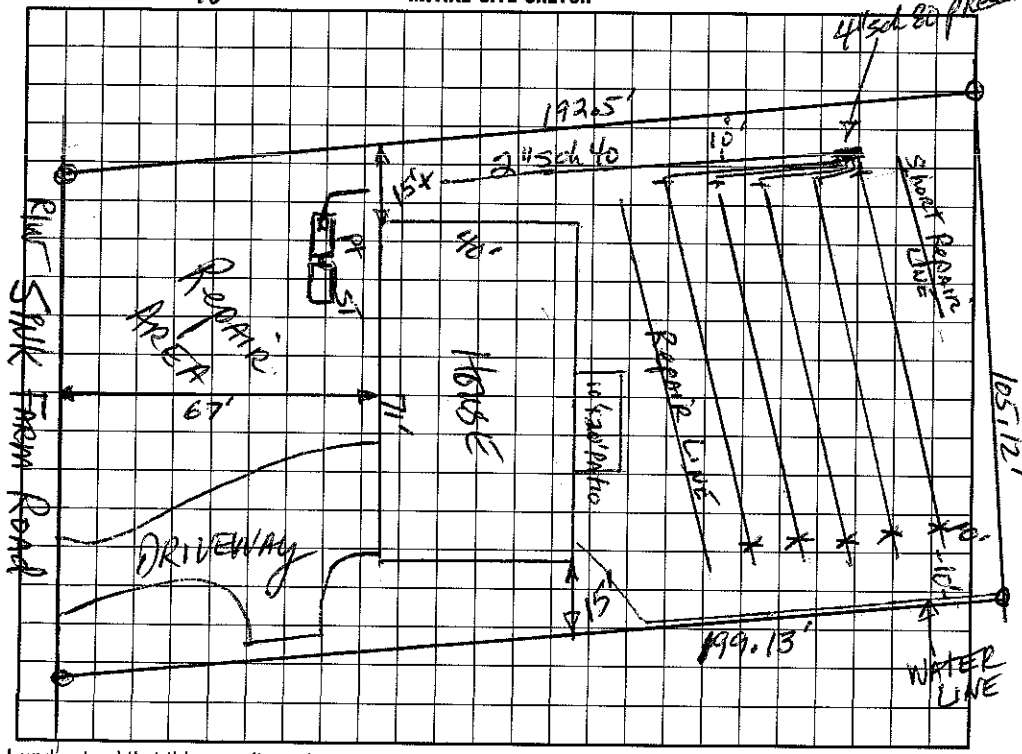
Water Supply: ☐ Individual ☐ Public ☑ Community

Comments:/Conditions: * ONE inspection/observation port per LATERAL

Comments:/Conditions: 2 pc -

1" = 40'

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 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: * Bonnie Clodfelter date 5-18-98

Improvement Permit by: [signature] date 5-16-98

Authorization to Construct by: [signature] date 5-16-98

Installed by: Larry Beaver

Operation Permit by: [signature] date 2/1/99

Existing System Inspection by: _____ date _____

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