IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 143282 PIN# 4669-30-5160 DATE 6-21-07

OWNER OR APPLICANT GERALD & GLENDA CLINE PHONE: Business 704-677-3839 Home 704-663-4014

ADDRESS 171 POND VIEW ROAD MOORESVILLE, NC 28115

LOCATION US 21 NORTH, TR SHANNVILLE ROAD, TR POND VIEW ROAD, 0.3 MILE ON RIGHT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 0.83 ACRE SITE CLASS FS DESIGN FLOW 360 L.T.A.R. 0.40 GPD/FT²

Septic Tank: 1000 Gallons; STB 825 Date 5-12-08
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet ~~900~~ 1000 Linear Feet 225
No Lines THREE Trench Width 36" Max Trench Bottom Depth 30"

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: CONV. 25% REDUCTION
Repair System Description: 25% REDUCTION CONV.
Maintenance Agreement Required: ☐ Yes ☑ No (MAXIMUM FEASIBLE)
Gravel Depth N/A ☑ Gravity ☐ Pressure ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

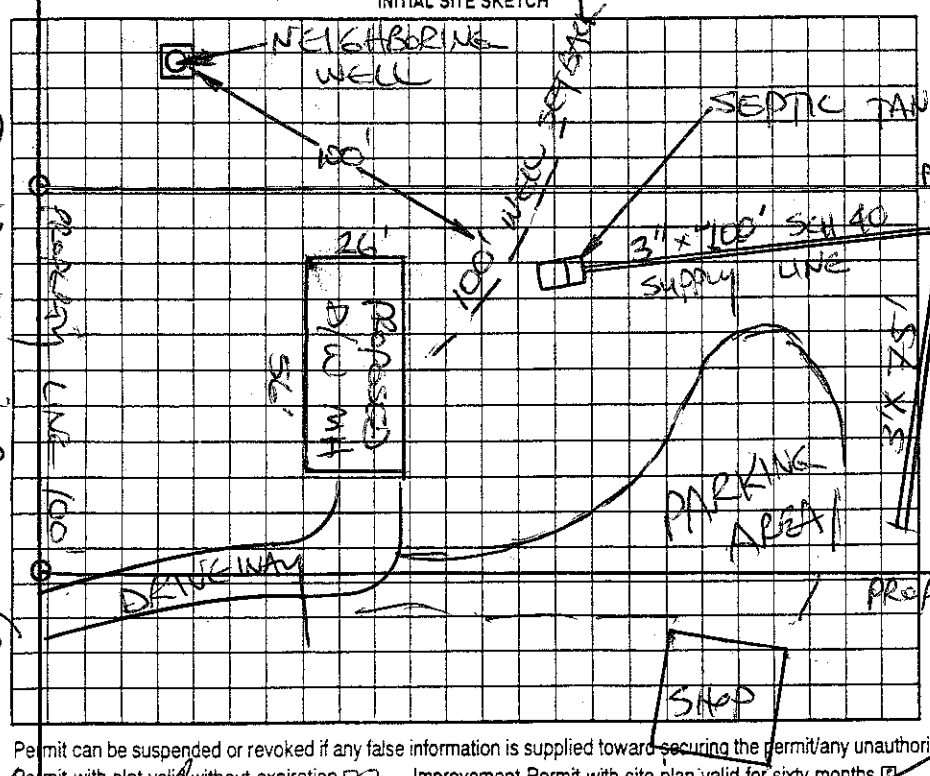
☐ House/Mod. Home No. Bedrooms 3
☑ Mobile Home No. Persons ____
☐ Business No. Employees ____
☐ Other _____

Water Supply:
☑ Individual
☐ Public
☐ Community WELL NEXT DOOR

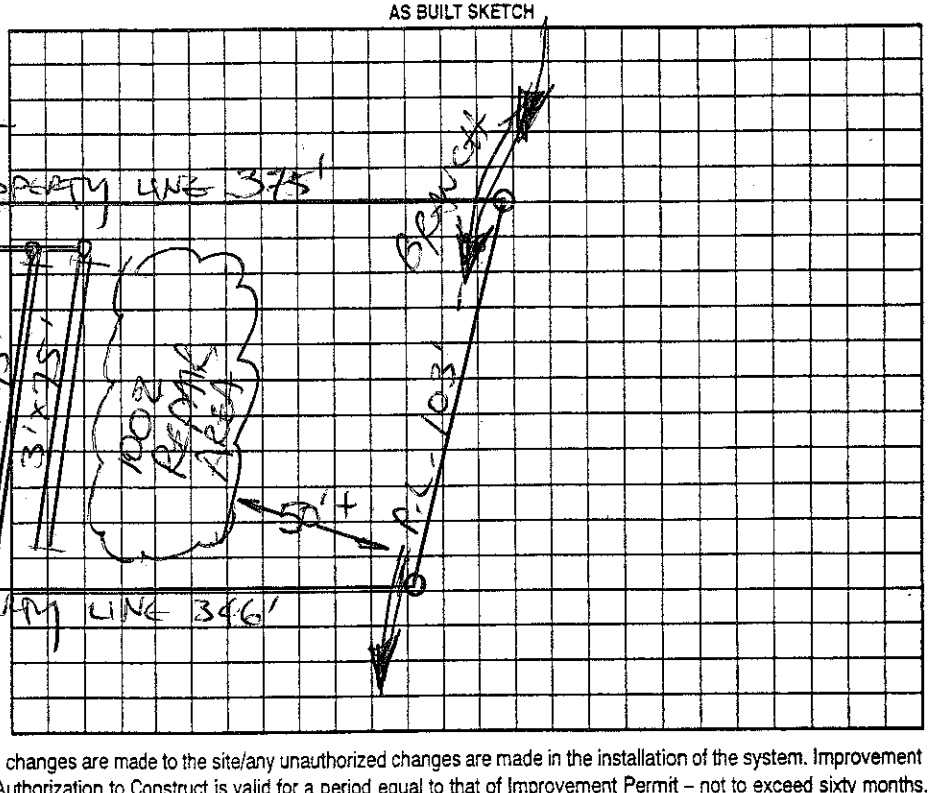
Comments/Conditions: ① KEEP SYSTEM MINIMUM 100 FEET FROM WELL (15A NCAC 18A .1956(6)(9)), 50 FEET FROM STREAM; ② INSTALL 25% REDUCTION SYSTEM ON CONTOUR, NO DEEPER THAN 30"

Comments/Conditions: System installed closer to house (Approx 25')

INITIAL SITE SKETCH



AS BUILT SKETCH



POND VIEW ROAD (P0172)

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: _____ date 6-21-07 Installed by: JST

Improvement Permit by: STEVE HEDRICK date 6-21-07 Operation Permit by: _____ date 5-6-08

Authorization to Construct by: STEVE HEDRICK date 6-21-07 Existing System Inspection by: _____ date _____

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