IREDELL COUNTY HEALTH DEPARTMENT

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

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

Lucille Fee

PERMIT# 15116 9 PIN# 4677419064 DATE 7/1/08

OWNER OR APPLICANT Bryan Clodfelter PHONE: Business 704-634-2500 Home 704-663-4041

ADDRESS 1824 Triplett Rd. Mt. Ulla, NC 28125

LOCATION Linwood Rd., TL Brumley, TL Quiet View, at end

SUBDIVISION Dogwood Development BLOCK / SECTION — LOT 4 LOT AREA 2.73 SITE CLASS. P.S. DESIGN FLOW 480 L.T.A.R. 0.3

Septic Tank: 1000 Gallons: STB 1000 Date 12/19

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 400

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth _____

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

System Description: 25% Reduction

Repair System Description: Pump 25%

Maintenance Agreement Required: ☐ Yes ☑ No

☑ Gravity ☐ Pressure

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

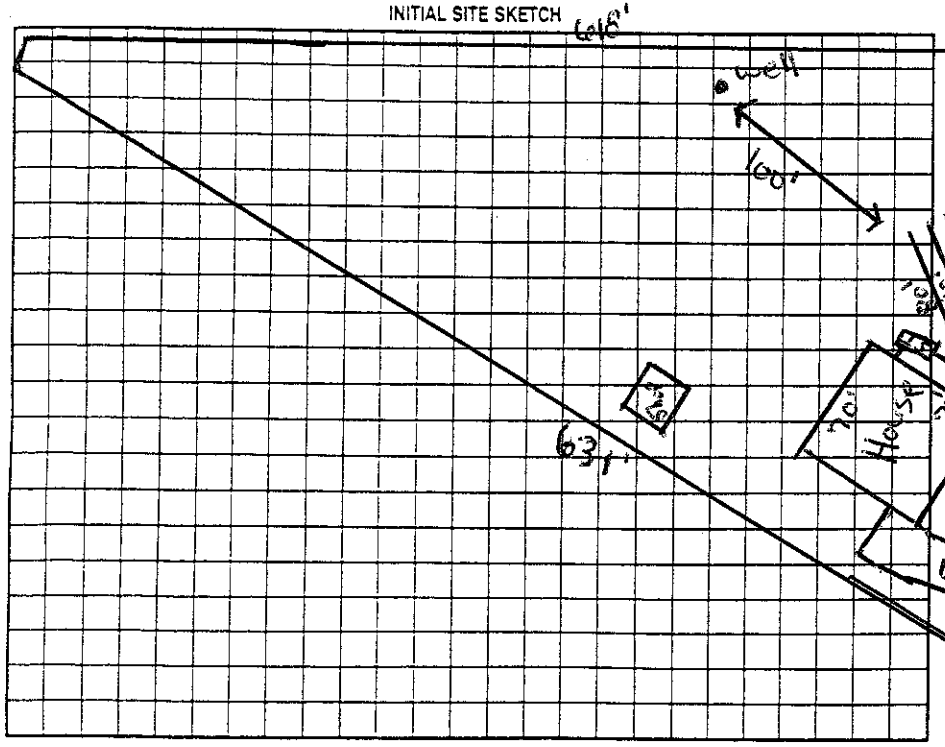
Water Supply: ☑ Individual ☐ Public ☐ Community

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

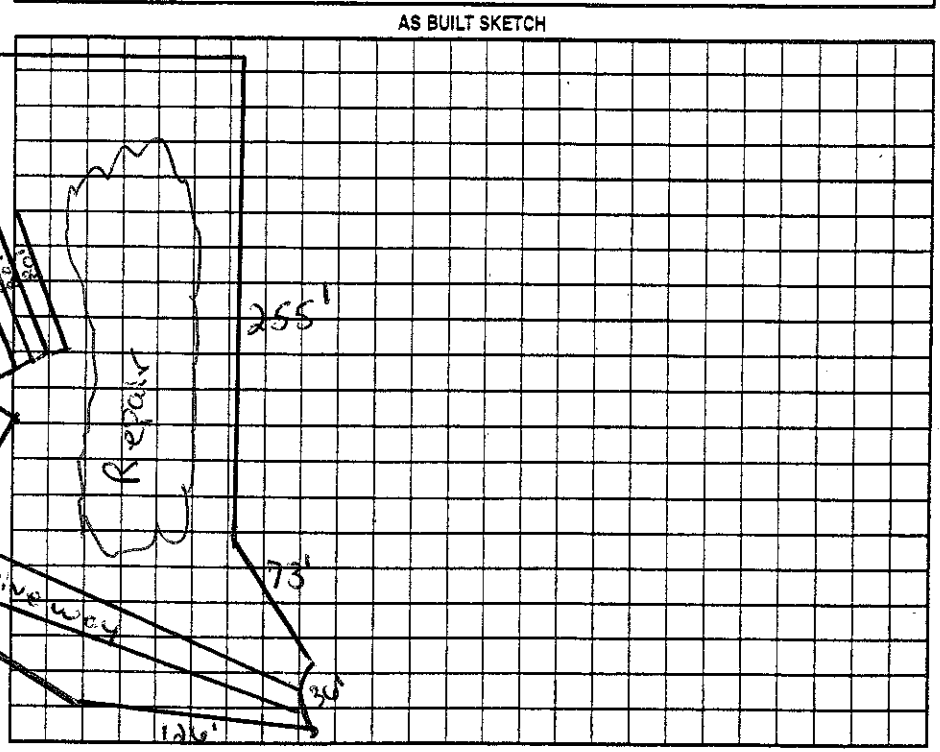
Comments:/Conditions: - maintain all setbacks
- install on Contour

Comments:/Conditions: Bowto brown RHV

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: _____ date 7/3/08 Installed by: Wayne Clontz

Improvement Permit by: Randy Moore date 7/1/08 Operation Permit by: _____ date 3/16/09

Authorization to Construct by: Randy Moore date 7/1/08 Existing System Inspection by: _____ date _____

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