IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 201839

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

PIN # 4679-19-2745

APPLICANT: BRYAN CLODFELTER APPLICANT ADDRESS: 1824 TRIPLETT RD

SITE ADDRESS: SAME PHONE: 704-663-4041 ALT. PHONE:

SITE DIRECTIONS: 801 N, TL TRIPLETT, ON L

SUBDIVISION: SECTION: LOT # LOT AREA: 1AC DESIGN FLOW: 480 L.T.A.R.: .35

Septic Tank Ex. 1000 (gal) STB Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 3@115' Linear Ft: 345'
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth —

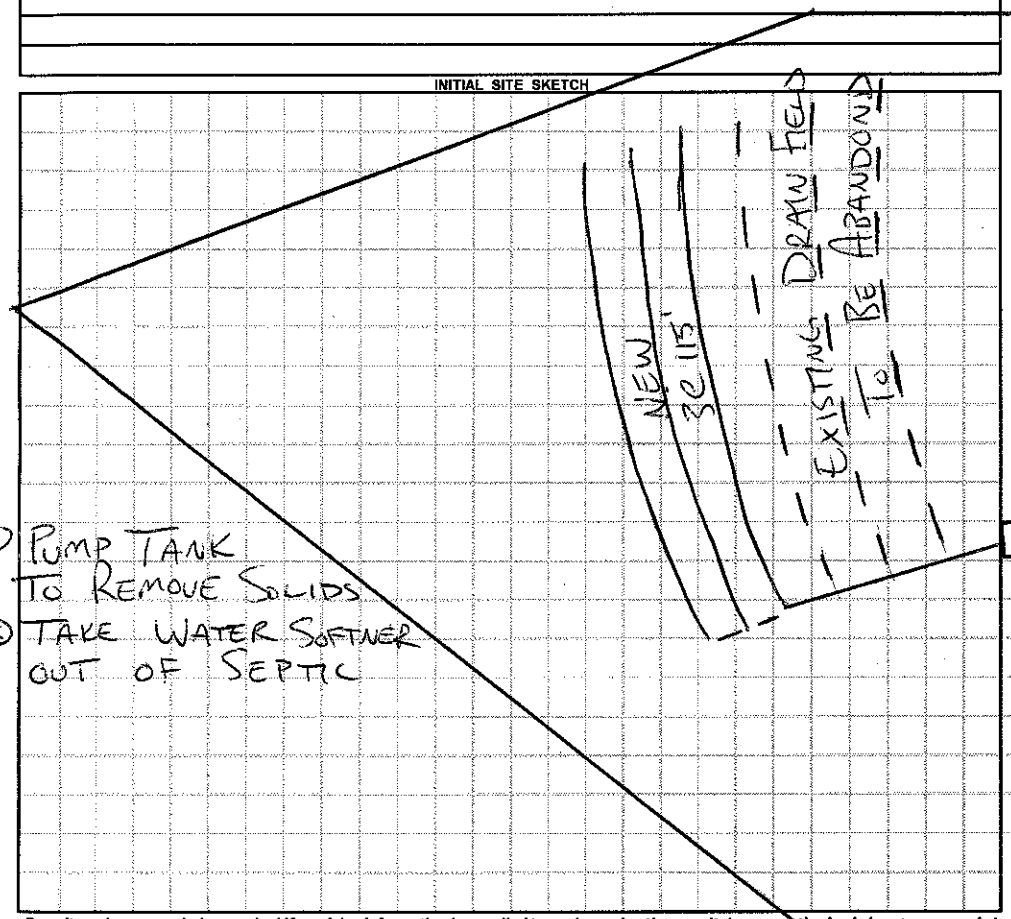
☐ New System ☒ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description:
Repair System Description: 25% REDUCTION
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☒ Basement w/plumbing
No. Bedrooms 4 No. Persons No. Employees ☐ Crawl Space ☐ Basement w/o plumbing

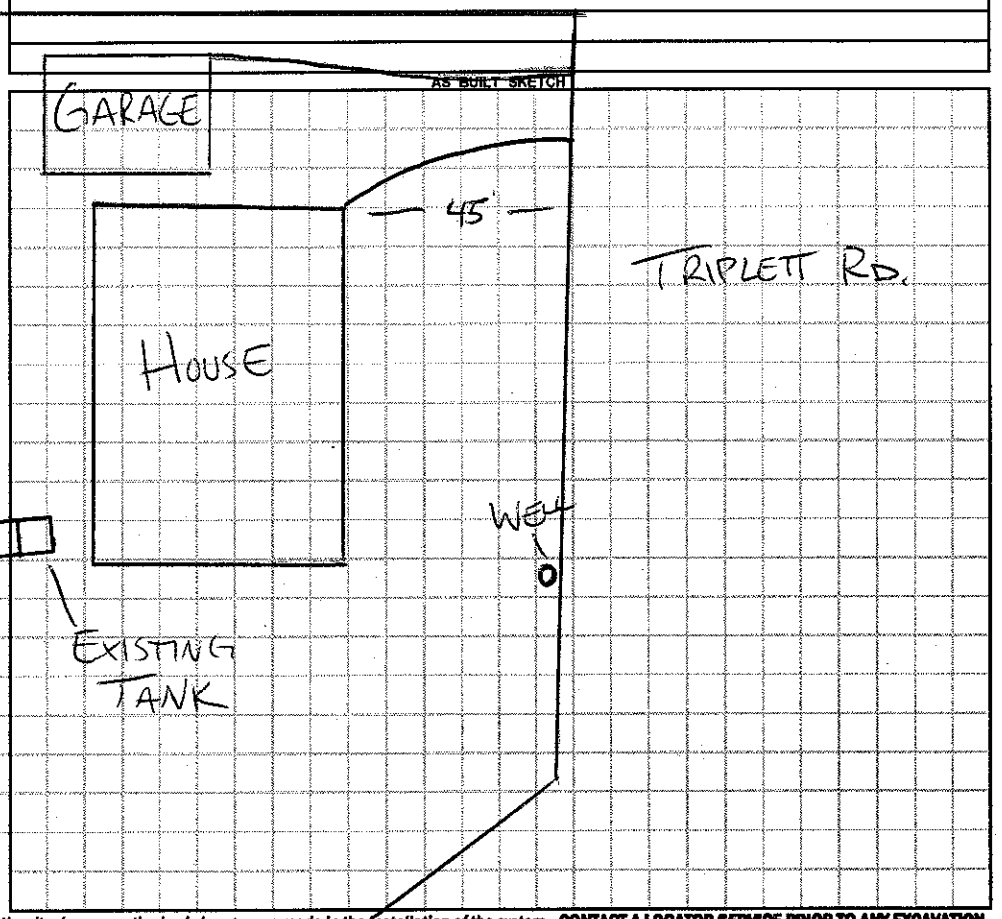
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:

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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration* ☐ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 4/9/14 Installed by:

IMPROVEMENT PERMIT by: Date: APR 07 2014 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: APR 07 2014 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK