4679-19-2745

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 119785 PIN# 4770-10-4103 DATE 4/6/04

OWNER OR CONTRACTOR Bryan Clodfelter PHONE: Business _____ Home 704-663-4091

ADDRESS 112 Red Brook Ln Mooresville NC 28117

LOCATION 801, TL Tripplett, on Lt

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA ≈1.34AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.35

Septic Tank: 1000 Gallons; STB 1007 Date 4/12/06
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1380 Linear Feet 460
No Lines 4 @ 115' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity Conventional
Repair System Description: 25% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees _____
☐ Other _____

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

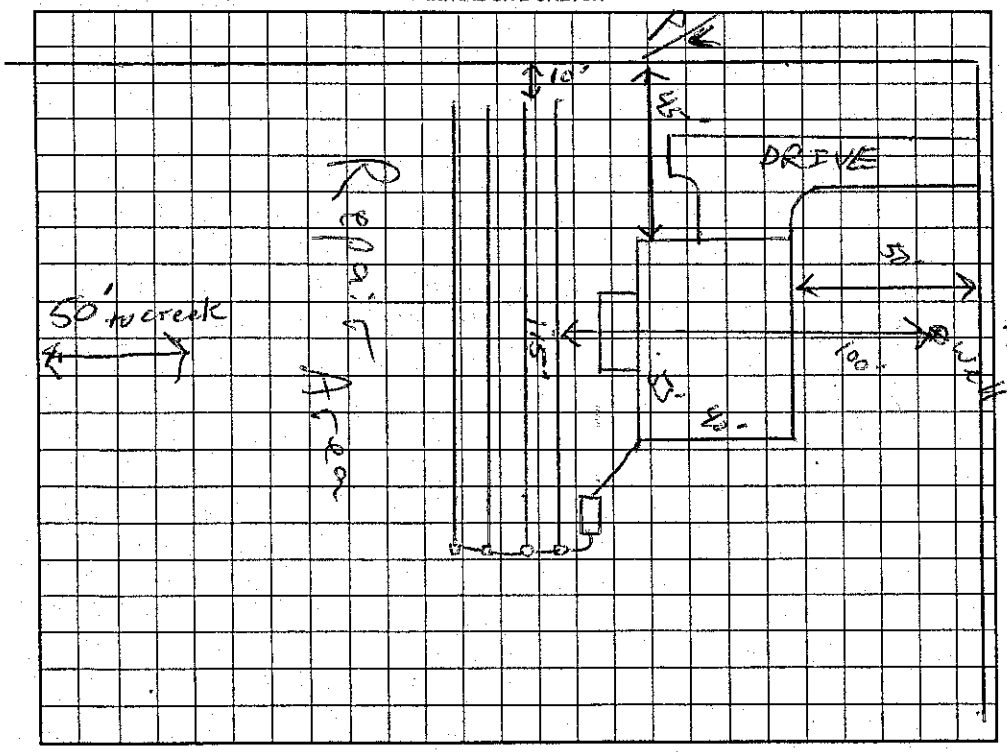
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions:

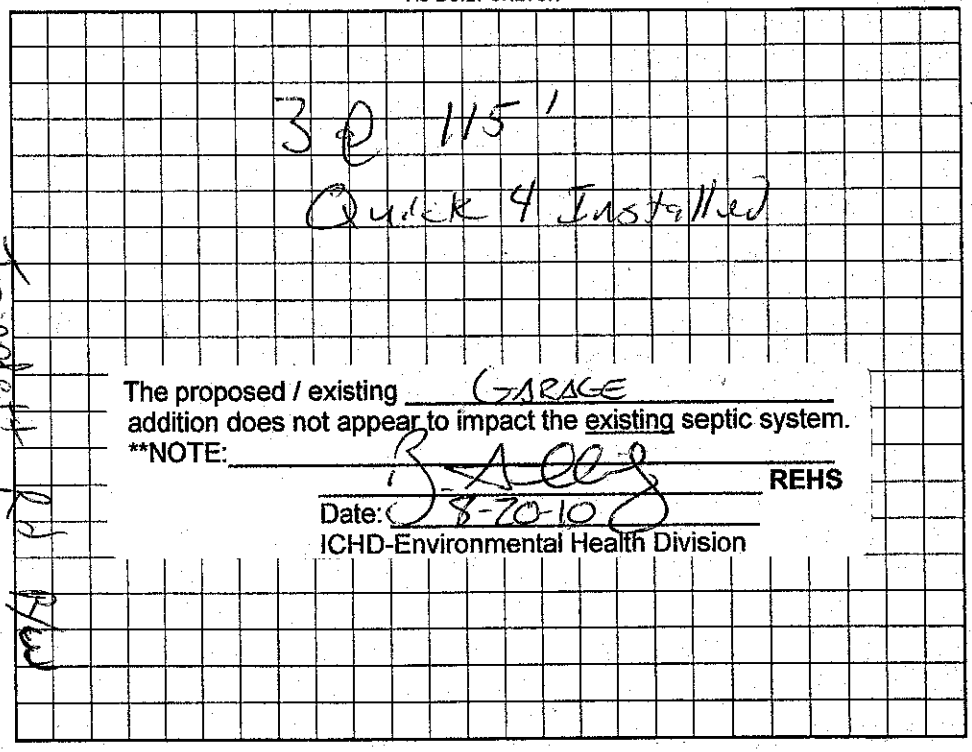
NOT to Scale

Comments/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH



The proposed / existing GARAGE addition does not appear to impact the existing septic system.

**NOTE: _____ REHS

Date: 8-20-10

ICHD-Environmental Health Division

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 8/6/04 Installed by: Wayne County

Improvement Permit by: _____ RS date 4/6/04 Operation Permit by: _____ RS date 6/7/06

Authorization to Construct by: _____ RS date 8/17/05 Existing System Inspection by: _____ date _____

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