IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 115080 PIN# ~~4723-39-2990~~ 4724-31-3294 DATE 8/25/03

OWNER OR CONTRACTOR JOE A. CLOANINGER PHONE: Business [redacted] Home 873-6666

ADDRESS 329 AIRPORT RD. STATESVILLE NC 28677 → 127 AIRPORT RD.

LOCATION 70 WEST - TL AIRPORT RD - GO ≈ 1000' - TL PRIVATE DRIVE - ~ 1000' off RD.

SUBDIVISION NA BLOCK / SECTION N/A LOT — LOT AREA 56 Ac SITE CLASS. PS DESIGN FLOW 360GPD L.T.A.R. .36PD/FT²

Septic Tank: 1000 Gallons; STB 100 Date 3-1-04

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

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

No Lines 4@100' 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: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees ____

☐ Other ____

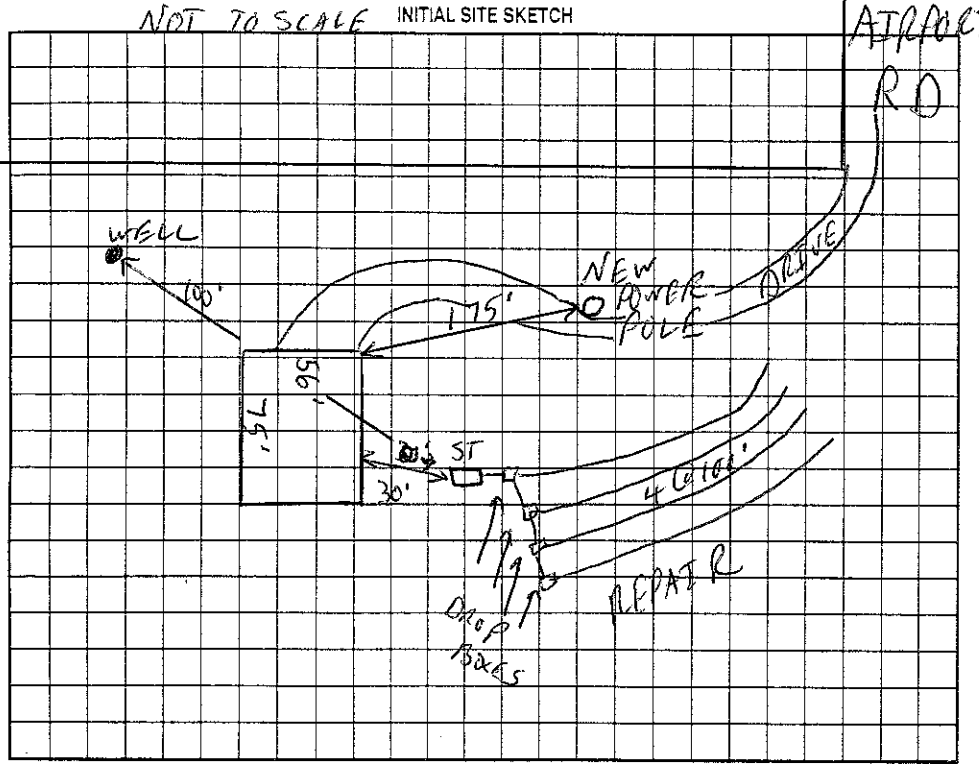
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

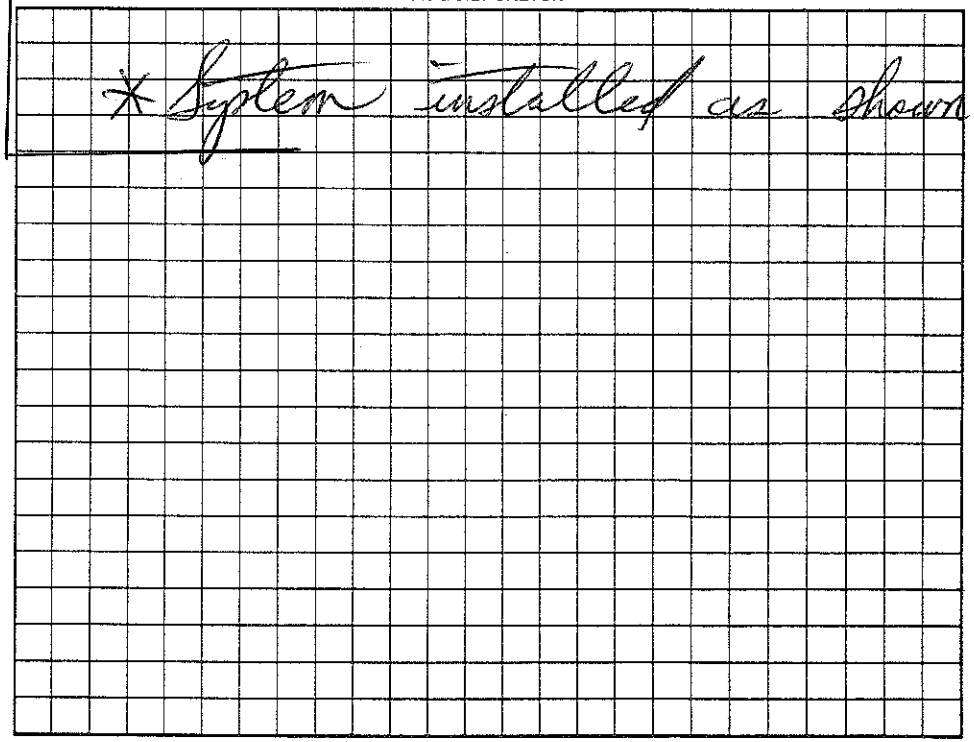
Comments:/Conditions:

Comments:/Conditions: (1) TUFF-TITE FILTER (2) #5 STONE

NOT TO SCALE 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: Joe Cloaninger date 8-25-03 Installed by: Cothren & Son Backhoe

Improvement Permit by: [signature] RS date 8/25/03 Operation Permit by: Christopher M. Shuell, RS date 4-21-04

Authorization to Construct by: [signature] RS date 8/25/03 Existing System Inspection by: ____ date ____

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