IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 18365 DATE 8-17-94 TAX MAP NO. 3F-8-A-13 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Clyde Hall Enter, Inc. PHONE: Business 855-1962 Home

ADDRESS P.O. Box 2107 Salisbury, N.C. 28145-2107

LOCATION From Trautman take Peth Rd. TR Perthwood Dr. 2nd Lot on L

SUBDIVISION Perthwood SID BLOCK / SECTION NA LOT 13 LOT AREA 1.45 SITE CLASS. P.S. DESIGN FLOW 360 L.T.A.R. .35 gpd/ft²

Septic Tank: 1000 Gallons; STB 825 Date 9-1-97
Pump Tank: — Gallons; PT — Date —
Pump Make: — Model — Serial No. —
Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345'
No Lines 3 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Conventional, gravity fed
Repair System Description: " Pump
Maintenance Agreement Required: ☐ Yes ☑ No

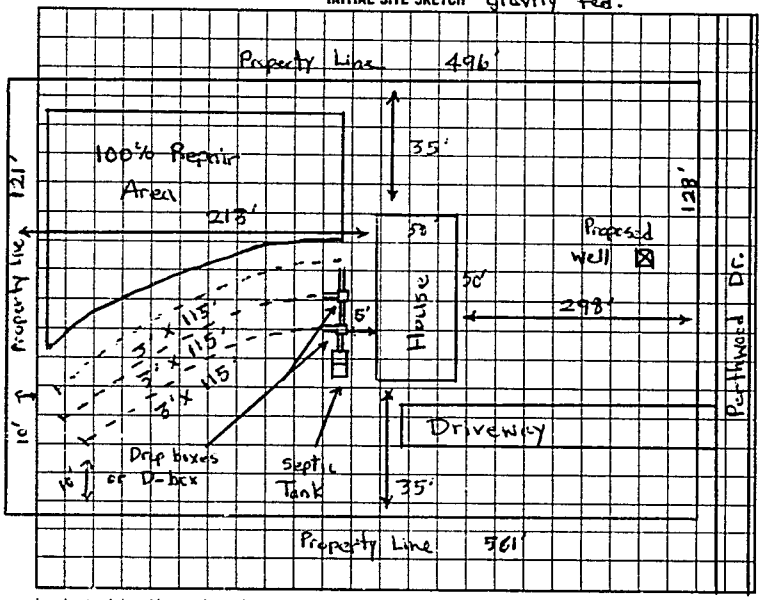
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other
☑ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

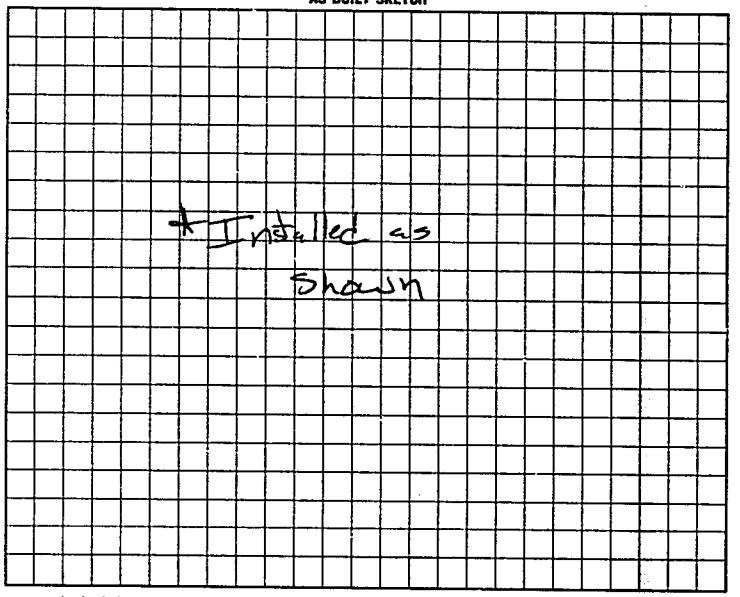
Comments: INSTALL SYSTEM SHALLOW (no deeper than 24" to trench bottom) Keep lines and trenches on contour. Keep system min. 5' from foundation of house, 10' from all property lines, and 100' from any well. 100% Repair below system, conventional, gravity fed.

Comments:
* Note Repair & initial system swaped
Repair will be pump

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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 is valid ~~for 60 months~~ from date of issuance.

Signed: _____

Improvement Permit by: Michael D. Stevens / J.C. Moore date 8-17-94

Existing System Inspection by: _____ date _____

Installed by: Wayne Clontz

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date 11-6-97

HEALTH DEPT. COPY WHITE INSPECTION COPY (FINAL) GREEN OWNER COPY (FINAL) YELLOW INSPECTION COPY (INITIAL) PINK OWNER COPY (INITIAL) GOLD

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