4:00 52505

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. 18363 DATE 8-17-94 TAX MAP NO. 3F-8-A-11 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 Troutman take Hwy 21 TR Perth Rd. TR Perthwood Dr. 2nd Lot on L

SUBDIVISION Perthwood 3/D BLOCK / SECTION NA LOT 11 LOT AREA 1.6 acre SITE CLASS P.S. DESIGN FLOW 360 L.T.A.R. - 35 gpd/ft²

Septic Tank: 1000 Gallons; STB 825 Date 11-1-94
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: " "
Maintenance Agreement Required: ☐ Yes ☑ No

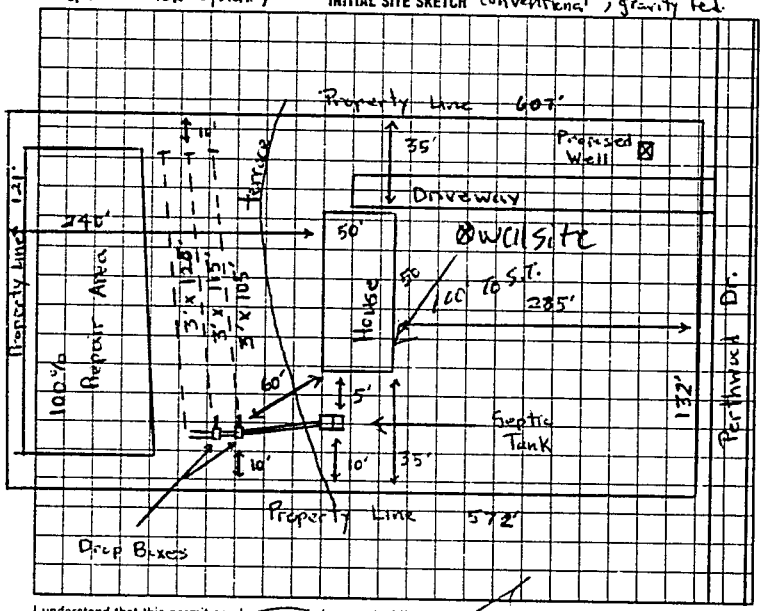
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other
☑ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

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 home 10' from all property lines and min. 100' from any well. Smooth off terrace where drain field. 100% Repair below system,

Comments:

INITIAL SITE SKETCH conventional, gravity fed.



AS BUILT SKETCH

Same as initial 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: [signature]

Improvement Permit by: Michael J. Dennis / TC Moore date 8-17-94

Existing System Inspection by: _____ date _____

Installed by: Rowan S.T. Co.

Certificate of Completion by: [signature] date 1-3-95

Operation Permit by: _____ date _____

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

125000