IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 15|622 PIN# 4731773771 DATE 9-16-08

OWNER OR APPLICANT Gretchin Clodfelter PHONE: Business 704 528 4251 Home 704 902 7276

ADDRESS 441 Lytton St. Troutman

LOCATION S on I 21/115, (R) on Talley (R) on Lytton, (L) on left at corner of Lytton and Candice Ln.

SUBDIVISION n/a BLOCK / SECTION ____ LOT ____ LOT AREA .6 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 766 Date 8-25-08

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth ____

☒ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI

System Description: 25% Reduction - Gravity

Repair System Description: (50%) 50% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

☒ Gravity ☐ Pressure

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other ____

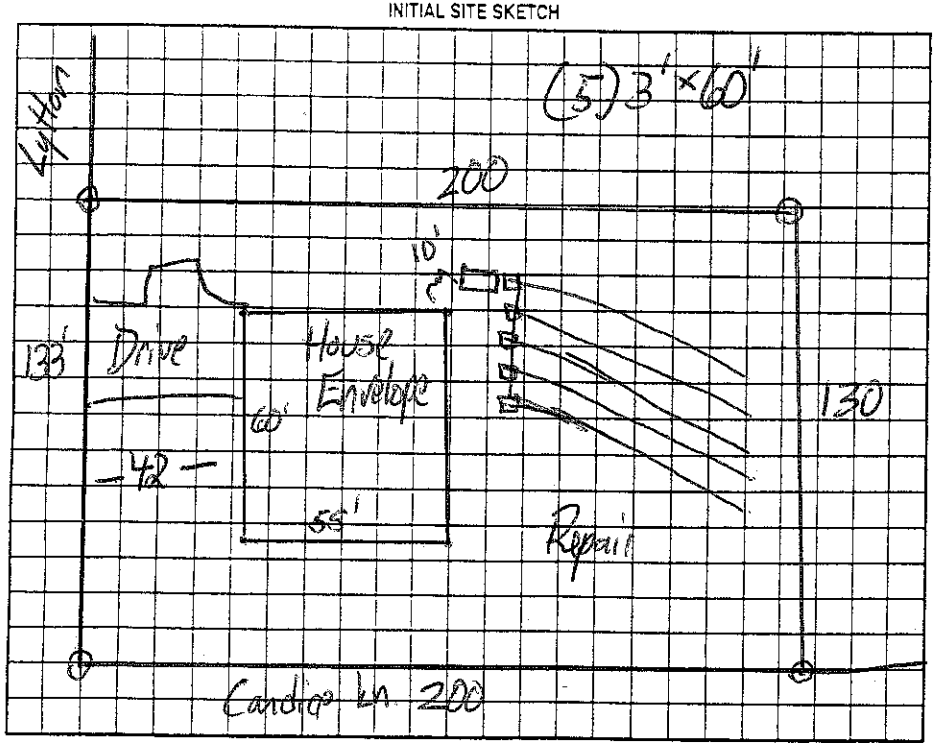
Water Supply: ☐ Individual ☒ Public ☐ Community

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

Comments:/Conditions:

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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: Gretchin Clodfelter date 9/18/08

Improvement Permit by: [signature] date 9-16-08

Authorization to Construct by: [signature] date 9-16-08

Installed by: Kenny Madison

Operation Permit by: [signature] date 3-11-09

Existing System Inspection by: ____ date ____

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