# IREDELL COUNTY HEALTH DEPARTMENT

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

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

DATE 6-11-99

PERMIT# 81713 PIN# 4738712432

OWNER OR CONTRACTOR Clarence Cloer PHONE: Business _____ Home 876 0845

ADDRESS PO Box 1775 Statesville, N.C.

LOCATION Chipley Ford Rd TR Blue Gill ~~Y mi~~ 0.1 MILE East

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.2 acres SITE CLASS PS DESIGN FLOW 420 L.T.A.R. .35 gal/ss'/day

Septic Tank: 1500 Gallons; STB 1011 Date 4-23-99

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Conv. Gravity

Repair System Description: _____

Maintenance Agreement Required: Yes ~~No~~

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

☐ House/Mod. Home No. Bedrooms _____

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

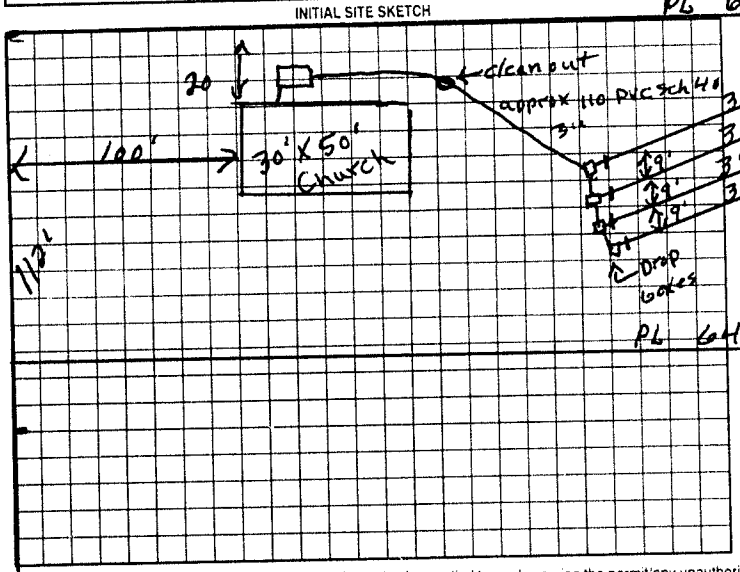
☐ Other 140 seat church

Water Supply: ☐ Individual ☐ Public ☐ Community

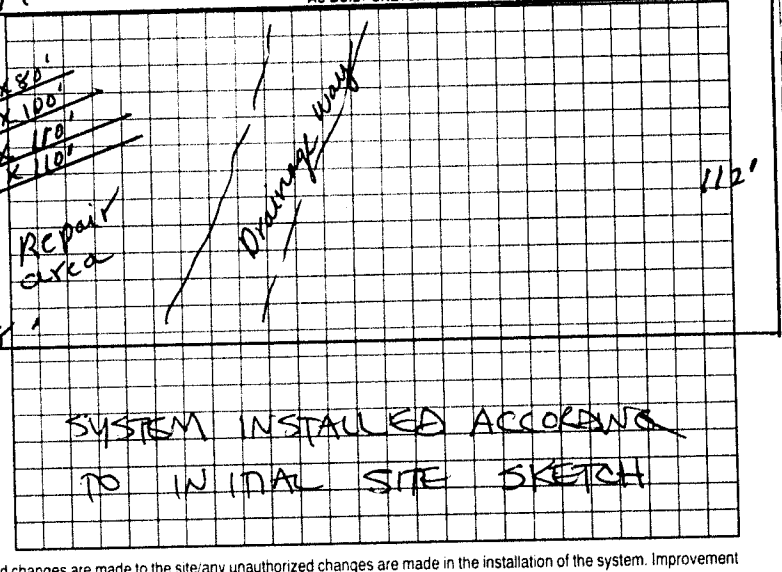
Comments/Conditions: SEPTIC TANK WITH RISERS INSTALLED USING "POLYLOK" FILTER

Comments/Conditions: _____

INITIAL SITE SKETCH




AS BUILT SKETCH




SYSTEM INSTALLED ACCORDING TO INITIAL SITE 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: Clarence Cloer date 6-11-99 Installed by: STEVE WREN

Improvement Permit by: P.C. moore date 6-11-99 Operation Permit by: STEVE HERRICK date 9-23-99

Authorization to Construct by: P.C. moore date 6-11-99 Existing System Inspection by: _____ date _____

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