IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (O) MOORESVILLE 704-664-5281

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

PERMIT# 107597 PIN# 4740036763 4740037840 DATE 8-5-2002

OWNER OR CONTRACTOR Kirk Clontz PHONE: Business 309-6869 Home 528-2693

ADDRESS 123 Joels Hill Ln Mooresville, Nc 28115

LOCATION Perth Rd N. TR Clontz Hill Rd on left after #396 by second curve in road

SUBDIVISION _____ BLOCK / SECTION ____ LOT ____ LOT AREA ~1.0 Acre SITE CLASS. PSU DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 160 Date 8/8/02

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 3@133' Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Gravity - Conventional

Repair System Description: Gravity - Innovative

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

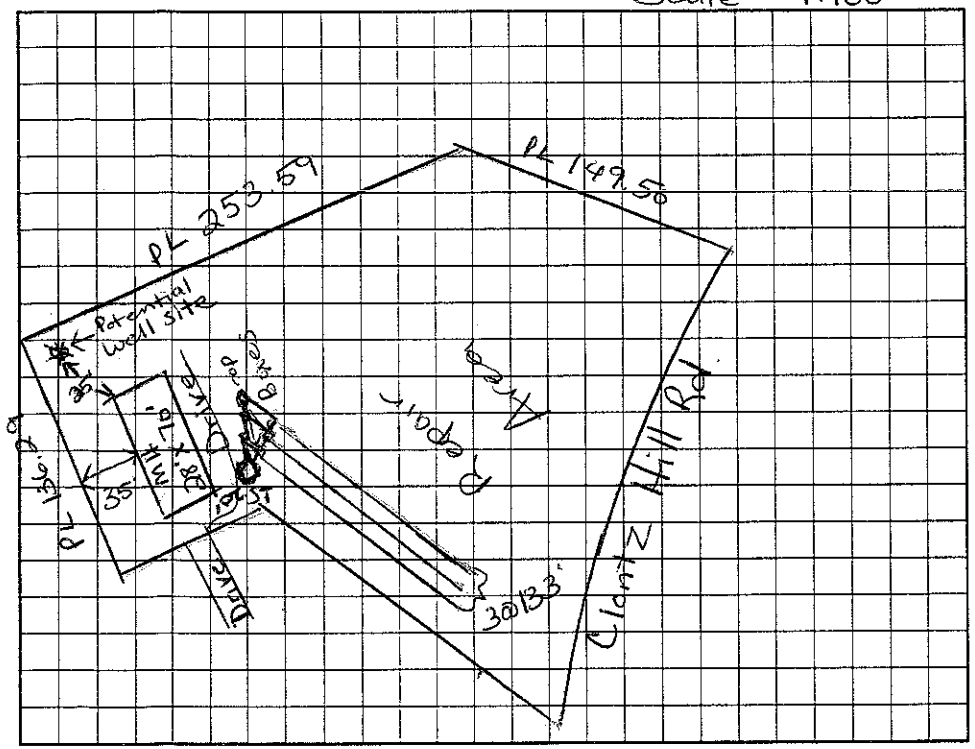
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Keep Septic System at least 10' From PL & 100' to well. Keep well at least 25' from house.

Comments:/Conditions: Installed as shown

INITIAL SITE SKETCH Scale ~ 1:100'



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: Kirk C. Clontz date 8/5/02 Installed by: David Umbarger

Improvement Permit by: Maria H.H. Dotson RS date 8/5/02 Operation Permit by: Wesley Sparks R.S. date 11/8/02

Authorization to Construct by: Maria H.H. Dotson RS date 8/5/02 Existing System Inspection by: _____ date _____

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