IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# REPAIR PIN# REPAIR DATE 3/21/00

OWNER OR CONTRACTOR RAY CLENDENIN PHONE: Business 828-431-4238 Home 871-8577

ADDRESS #712 MURDOCK RD. TROUTMAN 28166

LOCATION 77S - BARIUM SPRINGS EXIT - TR AMITY HILL - TL MURDOCK - FIRST HOUSE ON LT #712

SUBDIVISION ____ BLOCK / SECTION ____ LOT ____ LOT AREA ~2 AC SITE CLASS PS DESIGN FLOW 240GPD L.T.A.R. .3gal/ft2

Septic Tank: EXISTING Gallons: STB ____ Date ____

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No ____

Nitrification Field: No Fields 1 Square Feet 533 Linear Feet 270

No Lines 3@90' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: ____

Repair System Description: GRAVITY CONVENTIONAL

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

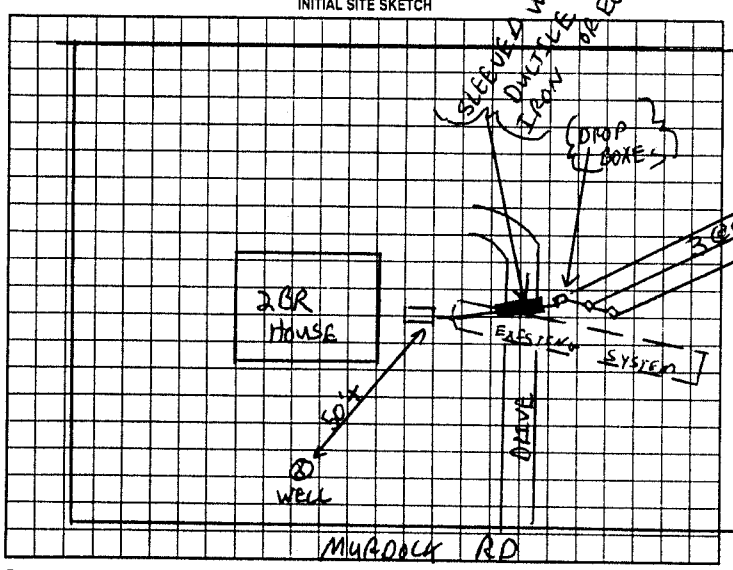
☐ Other ____

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

Water Supply: ☑ Individual ☐ Public ☐ Community

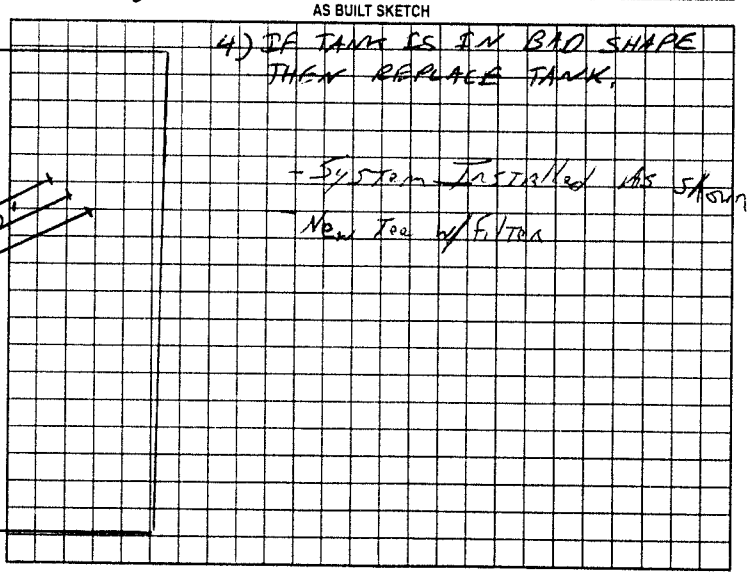
Comments/Conditions:

INITIAL SITE SKETCH



Comments/Conditions: 1) SLEEVE WITH DUCTILE IRON OR [redacted] EQUIVALENT, 2) UPPER LINE MAY BE SLIGHTLY DEEPER AS NEEDED FOR GRAVITY FALL. 3) SANITARY TEE REPLACED WITH FILTER. 4) IF TANK IS IN BAD SHAPE THEN REPLACE TANK.

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: [signature] date 3/20/00

Improvement Permit by: [signature] RS date 3/21/00

Authorization to Construct by: [signature] RS date 3/21/00

Installed by: Andy Daniels

Operation Permit by: Joe Potter date March 29 2000

Existing System Inspection by: ____ date ____

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