IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT REPLACES PREVIOUS ISSUED 4-29-03

STATESVILLE 704-878-5305 (C) (T) MOORESVILLE 704-664-5281

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

PERMIT# 111041 PIN# 4775-64-3834 751 DATE 8-24-04

OWNER OR CONTRACTOR ROBERT NEAL CLENDENIN PHONE: Business 704-881-1683 Home 704-528-3405

ADDRESS 187 BROADVIEW CIRCLE MOORESVILLE, NC 28117

LOCATION US 64 EAST, TR BARRY OAK RD, TL OAK FOREST ROAD, 0.2 MILE ON LEFT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 4.25 ACRES SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.25 GAD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 7-17-04

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1920 Linear Feet 640

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

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

System Description: CONVENTIONAL, GRAVITY

Repair System Description: CONVENTIONAL, GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other 4 SHOP

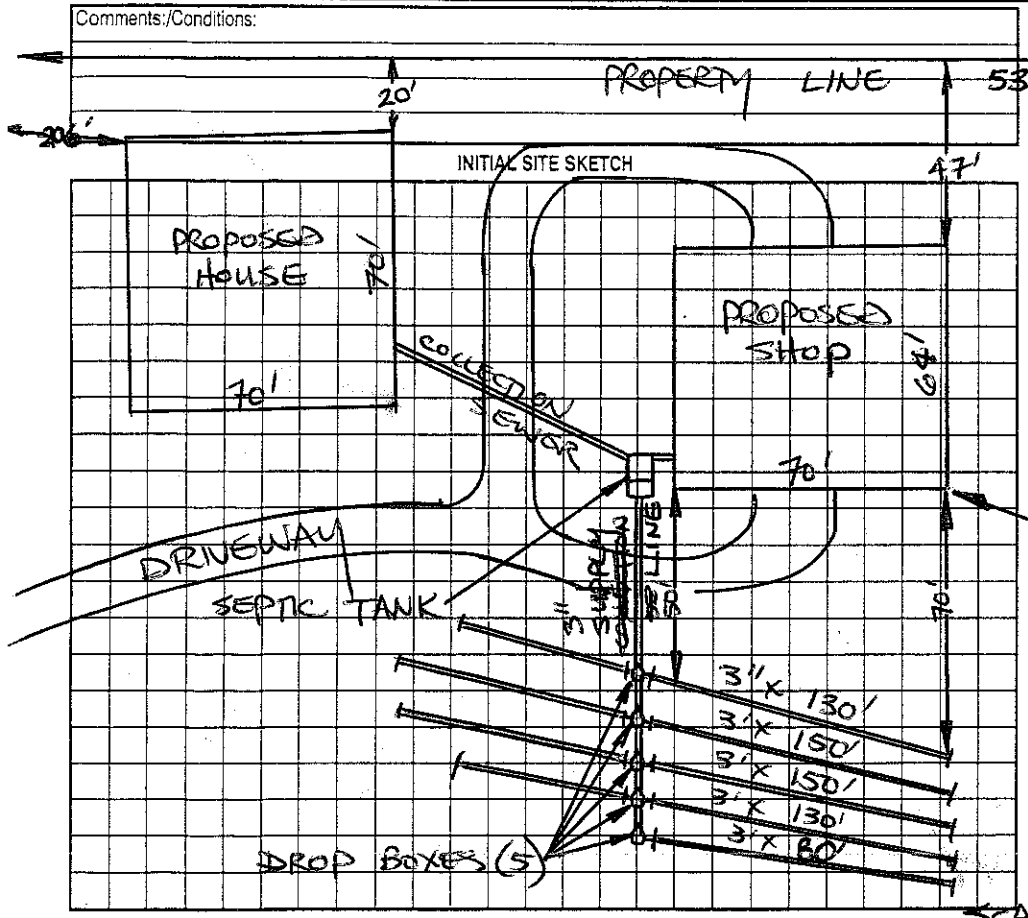
☑ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

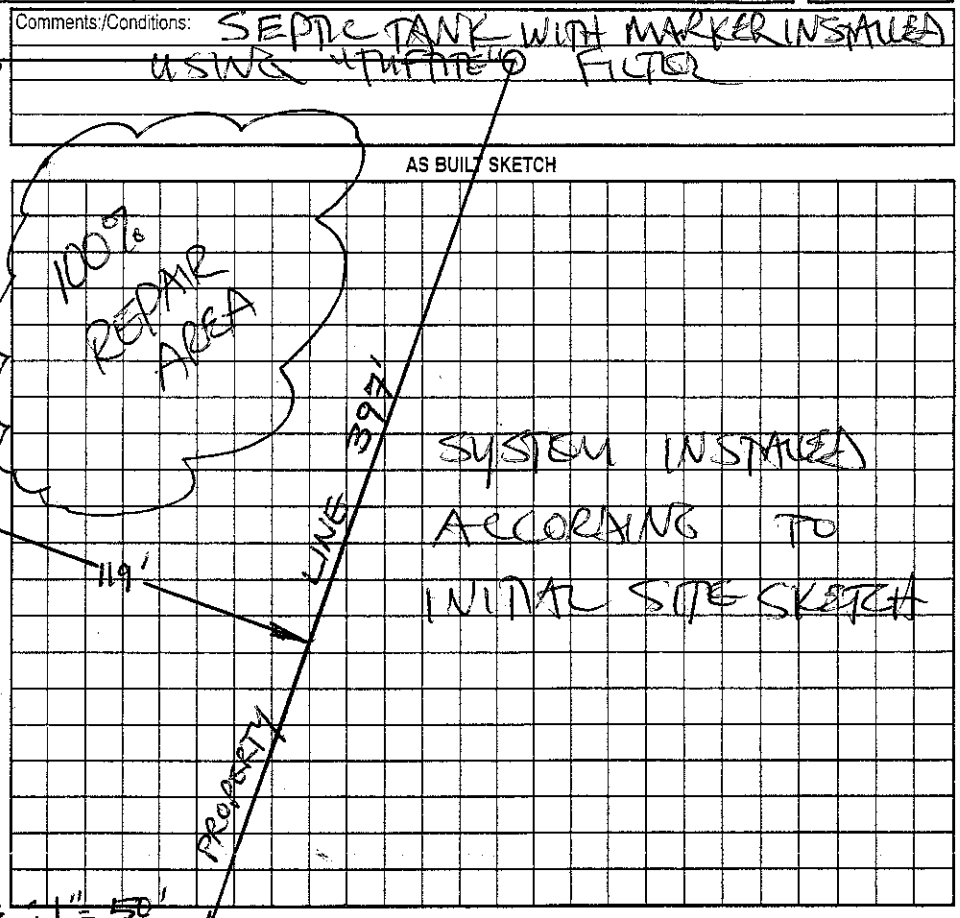
Comments:/Conditions:

Comments:/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "TUFFTANK" FILTER

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: Neal Clendenin date 8-25-04 Installed by: DAVID YOUNTS

Improvement Permit by: STEVE HEDRICK date 8-24-04 Operation Permit by: STEVE HEDRICK date 1-27-05

Authorization to Construct by: STEVE HEDRICK date 8-25-04 Existing System Inspection by: _____ date _____

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