THIS PERMIT VOIDS PREVIOUS O.P. ISSUED 5-11-2001

# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 095044 PIN# 4811 55 1966 DATE 9-25-2001

OWNER OR CONTRACTOR MARK & DEBORAH CLARK PHONE: Business (704) 871-3795 Home (704) 592-2446

ADDRESS 153 McGREGOR LANE, STATESVILLE, NC 28625

LOCATION NC115 N, TL BROOK-HAVEN RD, TL McGREGOR LANE, 2ND LOT ON LEFT

SUBDIVISION _____ BLOCK / SECTION _____ LOT 12 LOT AREA 2.78 ACRES SITE CLASS PS DESIGN FLOW 240 L.T.A.R. 0.25 GPD/FT²

Septic Tank: 1000 Gallons, STB 1012 Date 12-22-00
Pump Tank: _____ Gallons, PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 960 Linear Feet 320
No Lines FOUR 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: 50% REDUCTION, LOW PRESSURE
Maintenance Agreement Required: ☐ Yes ☑ No

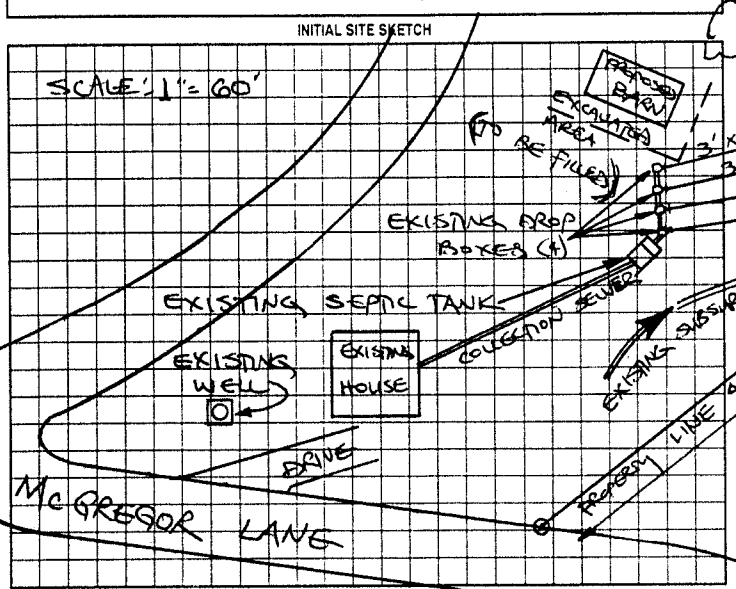
☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 2 No Bathrooms 2 No. Employees _____
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community
WELL

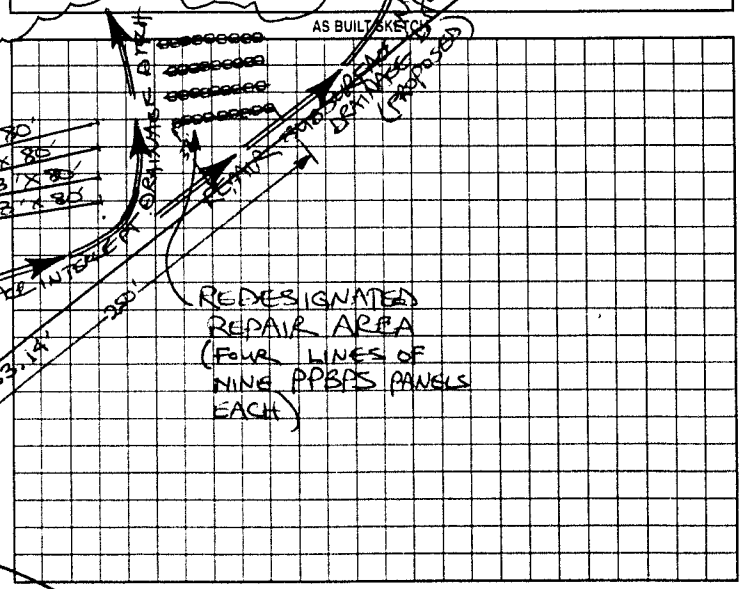
Comments/Conditions: EXCAVATED AREA AROUND BARN TO BE BACKFILLED WITH DEBRIS-FREE CLAY SOIL PRIOR TO ISSUANCE OF OPERATION PERMIT

Comments/Conditions: UNSUITABLE SOILS

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: _____ date 9-26-2001 Installed by: STEVE JORDAN

Improvement Permit by: STEVE HEDRICK date 9-25-2001 Operation Permit by: STEVE HEDRICK date 9-27-01

Authorization to Construct by: STEVE HEDRICK date 9-25-2001 Existing System Inspection by: _____ date _____

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