IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 / 130.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 113579 PIN# 4636-94-9922 DATE 9/29/03

OWNER OR CONTRACTOR Kimberly James Homes PHONE: Business 704-201-0658 Home

ADDRESS Po Box 891 Davidson NC 28036

LOCATION BSR, TL Canvasback, TL Mandarin, at End on Lt.

SUBDIVISION Woodland Hills BLOCK / SECTION 10 LOT 14 LOT AREA 0.69AC SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 794 Date 8/4/04
Pump Tank: 1000 Gallons; PT 293 Date 6/3/04
Pump Make: Liberty Model 283 Serial No. 2T903
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 5@80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: Press. Man. 2 Zone Red.
Repair System Description: LP Panel Block
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees
☐ Other

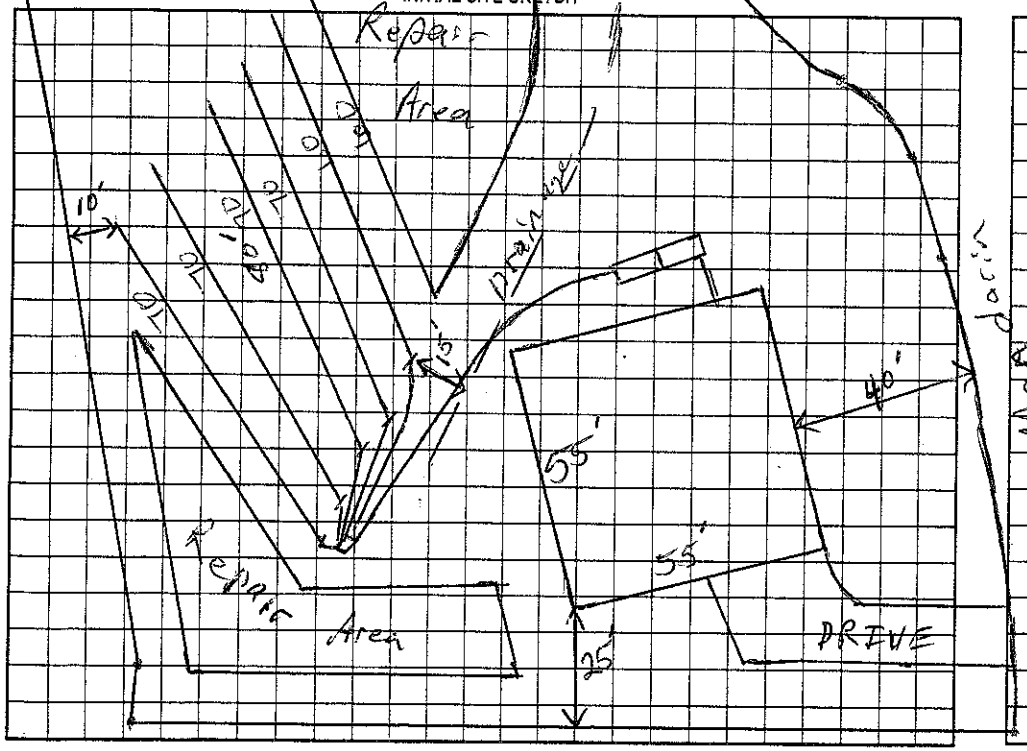
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☒ Community

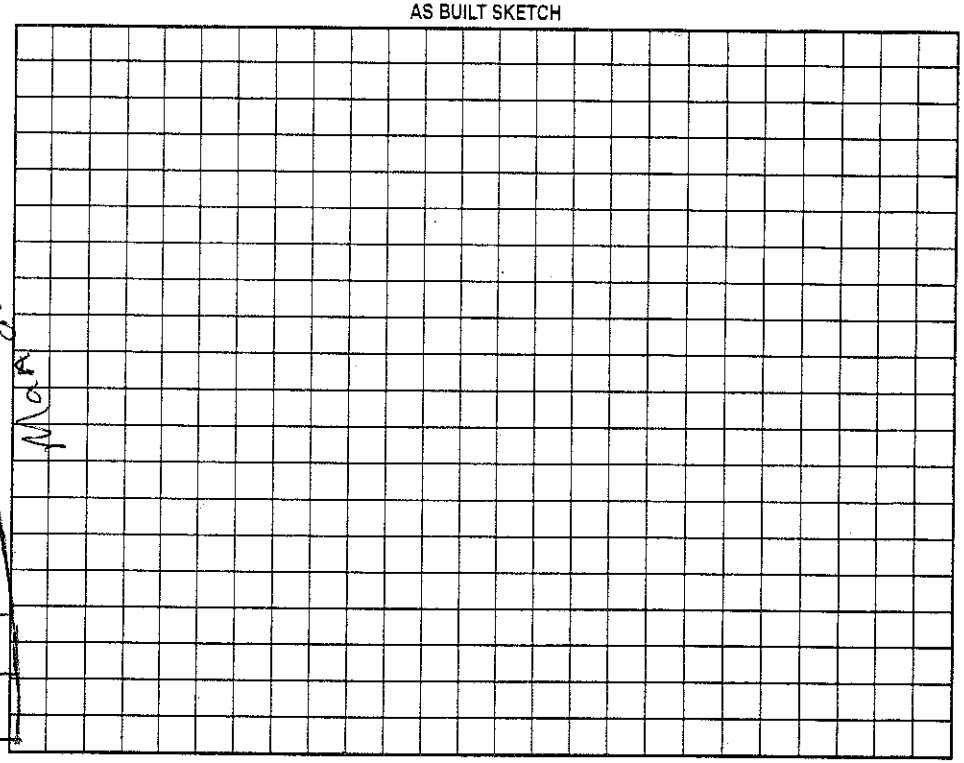
Comments:/Conditions:

Comments:/Conditions: Installed 4@70' & 2@60' 1"=40' Lowest line 21' to basement wall, need to take 4' off lowest line. 10/5/04

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 9/29/03 Installed by: CD Roseman

Improvement Permit by: _____ RS date 9/29/03 Operation Permit by: _____ RS date 11/16/04

Authorization to Construct by: _____ RS date 5/3/04 Existing System Inspection by: _____ date _____

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