2130

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 118350 PIN# 4637051300 DATE 8-13-04

OWNER OR CONTRACTOR Thomas & Ruth Klumb PHONE: Business _____ Home _____

ADDRESS 317 Riverwood Mooresville NC 28117

LOCATION Hwy 150 West TL McCrary TR Riverwood on left #317

SUBDIVISION Cust T BLOCK / SECTION 10 LOT 82 LOT AREA _____ SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. _____

Install New

Septic Tank: 1000+ Gallons; STB 338 Date 7-27-04 ☒ New System ☐ Repair System Type: I, II, III, IV, V, VI

Pump Tank: 1500 Gallons; PT _____ Date _____ System Description: Existing Gravity-Conventional

Pump Make: _____ Model _____ Serial No. _____ Repair System Description: Pump-Innovative

Nitrification Field: No Fields ___ Square Feet Existing Linear Feet _____ Maintenance Agreement Required: ☐ Yes ☒ No

No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees ___

☐ Other _____

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

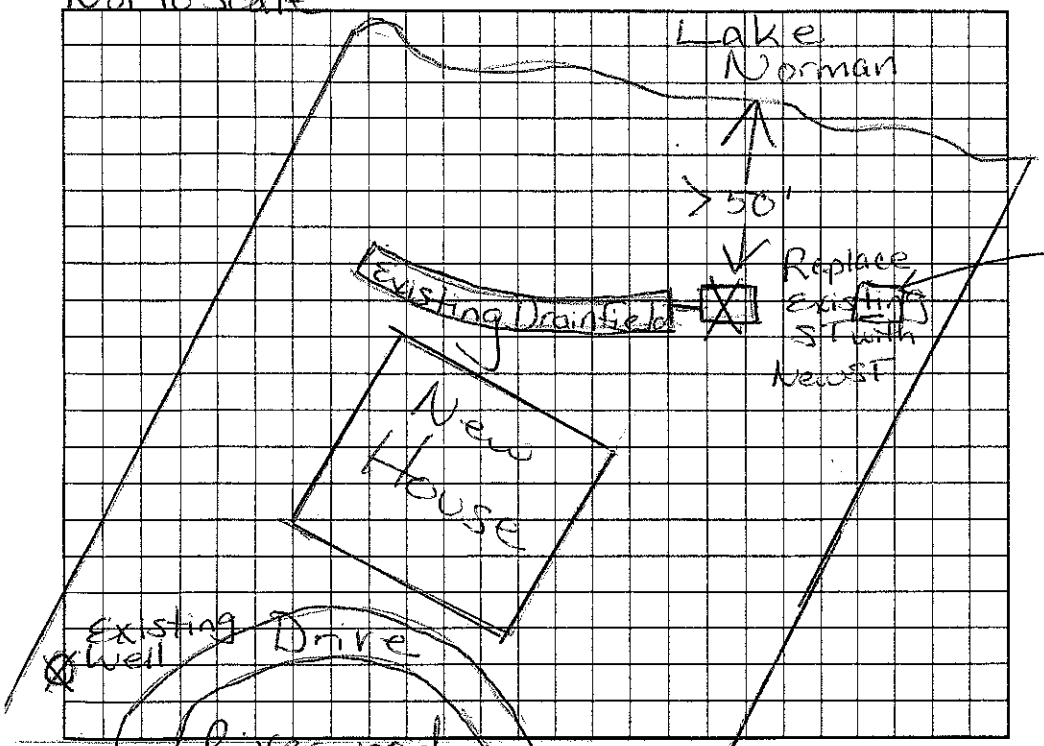
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Replace existing ST with New ST. It's okay to install ST greater than 1000gal upto 1500gal

Comments:/Conditions: ST Checked 8/30/04

Not to Scale

INITIAL SITE SKETCH



AS BUILT SKETCH

New ST

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: Ruth Klumb date _____ Installed by: Richard Abercrombie RS

Improvement Permit by: Maina H. Dotson RS date 8/13/04 Operation Permit by: Maina H. Dotson date 8/30/04

Authorization to Construct by: Maina H. Dotson RS date 8/13/04 Existing System Inspection by: _____ date _____

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

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 118350 PIN# 4637051300 DATE 2-11-04

OWNER OR CONTRACTOR Thomas & Ruth Klumpp PHONE: Business _____ Home 799-0855

ADDRESS 317 Riverwood Mooresville, NC 28117

LOCATION Hwy 150 West TL McCrary TR Riverwood on left #317

SUBDIVISION Old T BLOCK / SECTION 10 LOT 82 LOT AREA .79 SITE CLASS. PS DESIGN FLOW 3-0 L.T.A.R. _____

Septic Tank: Existing Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet _____ Linear Feet _____

No Lines _____ Trench Width Existing Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: Existing Gravity - Conventional

Repair System Description: Pump - Innovative

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees ___

☐ Other _____

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

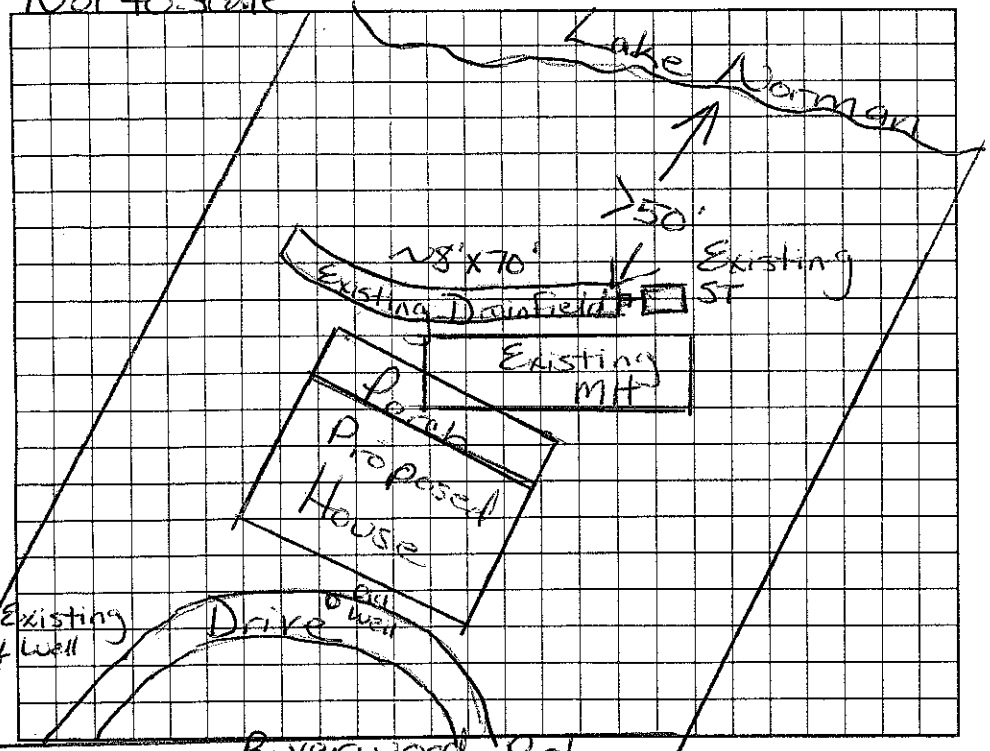
Water Supply: ☐ Individual ☐ Public ☐ Community

Comments:/Conditions: Existing Septic System appears to be Functioning okay at time of inspection. Keep new home 10' off existing Septic System

Comments:/Conditions: Note: "Old well" to be properly abandoned. Basement to be "Daylight basement" to keep gravity flow to ST. Originally permitted for 3 Bedroom home

INITIAL SITE SKETCH

Not to Scale



AS BUILT SKETCH

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Signed: Thomas Klumpp date _____

Improvement Permit by: Maina H. Watson RS date 2/11/04

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: Maina H. Watson RS date 2/11/04

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

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Phone TR 3-7271 Mooresville Phone NO 3-1271

PERMIT TO INSTALL SEPTIC TANK

Permit NO. 247 Permit Date 11-2-1972

Owner Duncan Address Charlotte 1218 Heather Lane

Installed By orbisons Address mooresville

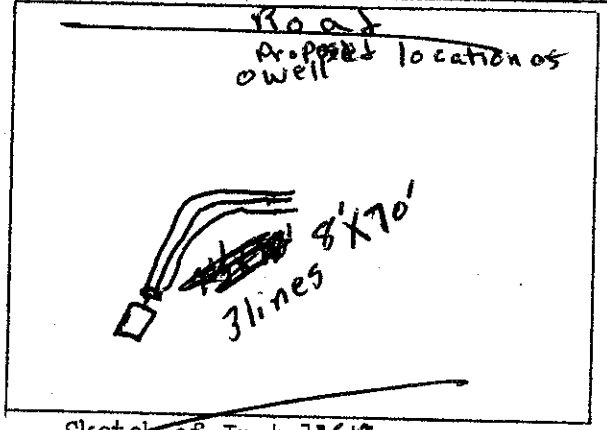
Location of Property Road to left before Chesterpeake Restaurant Go to end of Rd bear to ~~left~~ Right ½ mi on left

Tank		Capacity		Length of Lines		Fixtures	
Block	( )	1000	(✓)	225'	(✓)	No. of Baths	(2)
Precast	(✓)	1250	( )	250'	( )	Dishwasher	(no
		1500	( )	Other		Garbage Grdr.	(no
		Other				Other	

NOTIFY HEALTH DEPARTMENT AT LEAST EIGHT HOURS BEFORE TANK IS TO BE INSPECTED.

Final Inspection 11-2-1972 Approved (✓) Disapproved ( )

Remarks For 1 Trailor only



Sketch of Installation

J. C. Moore
Sanitarian

COUNTY HEALTH DEPARTMENT

3-7271 Mooresville Phone NO 3-1271

PERMIT TO INSTALL SEPTIC TANK

Permit NO. 247 Permit Date 11-2-1972

Owner Duncan Address Charlotte 12 K Heather Lane

Installed By orbisons Address mooresville

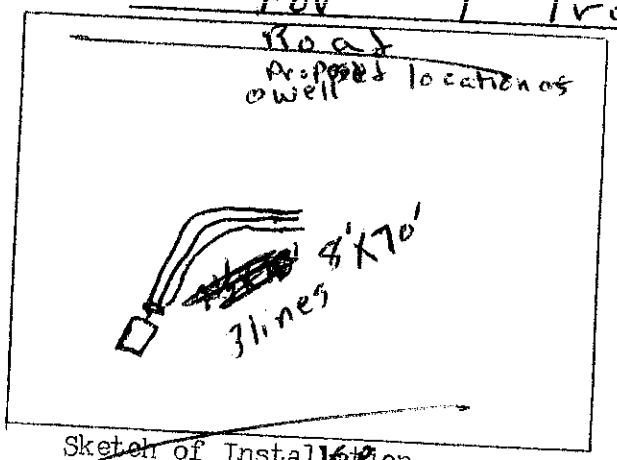
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Block	( )	1000	(✓)	225'	(✓)	No. of Baths	(2)
Precast	(✓)	1250	( )	250'	( )	Dishwasher	(no)
		1500	( )	Other		Garbage Grdr.	(no)
		Other				Other	

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Final Inspection 11-2-1972 Approved (✓) Disapproved ( )

Remarks For 1 Trailor only



Sketch of Installation

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