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# 110521 PIN# 4637-35-4284 DATE 12/27/02

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

ADDRESS PO Box 891 Davidson NC 28036

LOCATION 150 W, TL Poole, TR Whippoorwill on Rt

SUBDIVISION Whippowill Woods BLOCK / SECTION LOT 45 LOT AREA ≈0.75Ac SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.4

Septic Tank: 1000 Gallons; STB 714 Date 2/24/03

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 4@75' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

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

System Description: Gravity 25% Reduction

Repair System Description: 1 Panel Block

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees

☐ Other

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

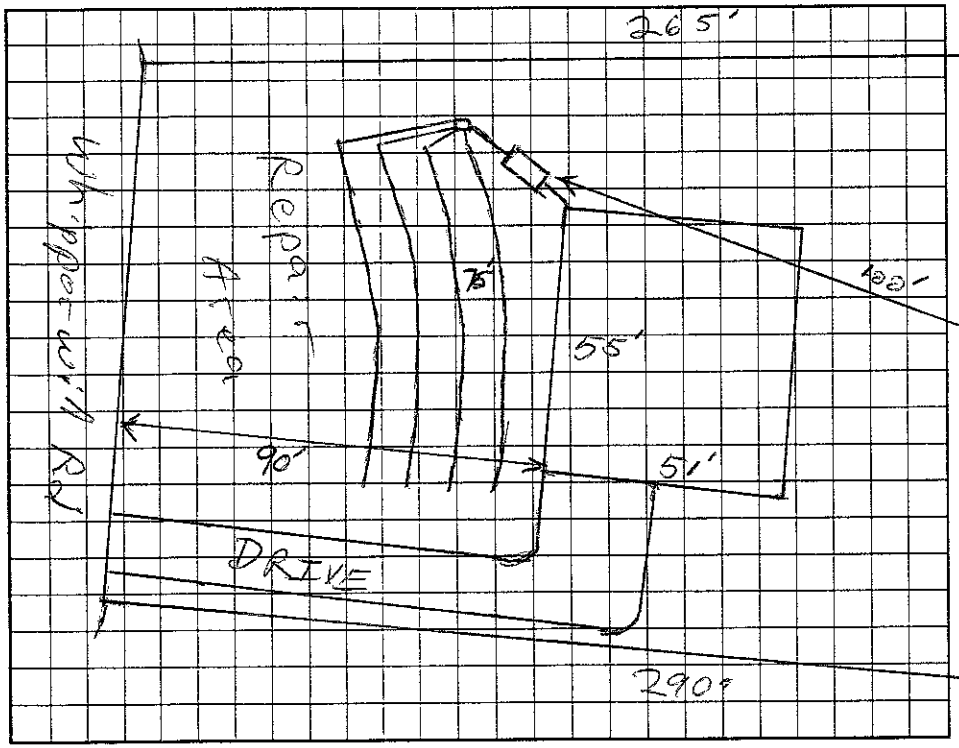
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

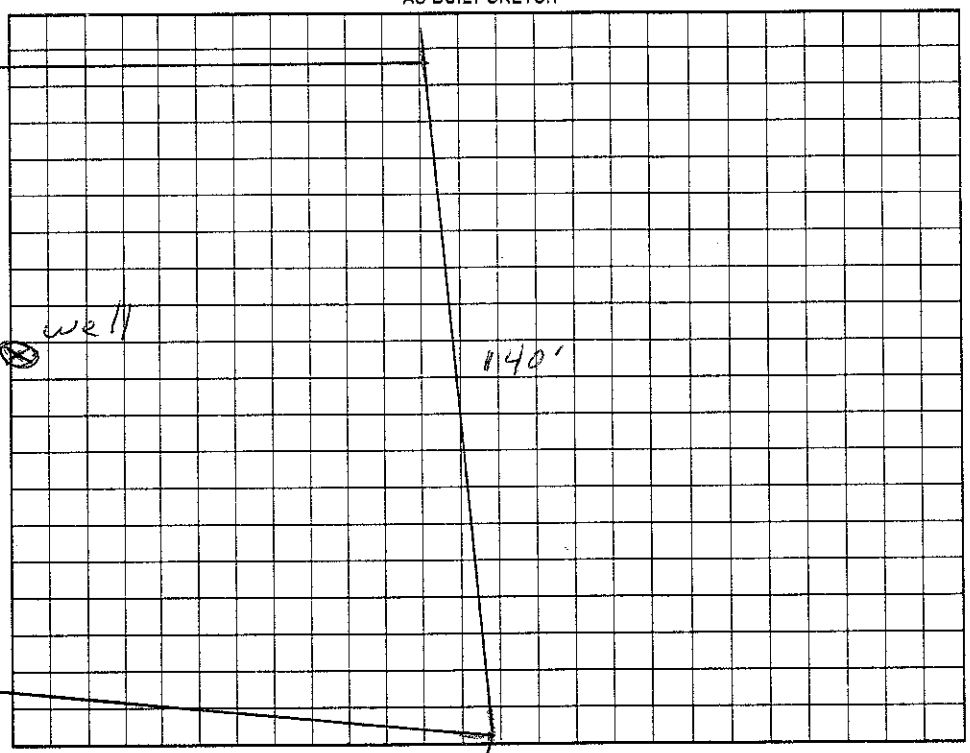
Comments:/Conditions:

Infi Hators Installed

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 12/30/02 Installed by: CD Rosman Grading

Improvement Permit by: RS date 12/30/02 Operation Permit by: RS date 4/29/03

Authorization to Construct by: RS date 12/30/02 Existing System Inspection by: date

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