IREDELL COUNTY HEALTH DEPARTMENT

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

$50.00

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

PERMIT# 075865 PIN# 4638046174 DATE 11-5-2002

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

ADDRESS P.O. Box 891 Davidson, NC 28036

LOCATION Hwy 150 West TR Robinson Rd on right

SUBDIVISION Robinson Woods BLOCK / SECTION LOT 5 LOT AREA .71 Acre SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 8/5/02

Pump Tank: 1000 Gallons; PT 27 Date 2/16/03

Pump Make: Model Serial No.

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

No Lines 3@100' Trench Width 36" Max Trench Bottom Depth ~30" Gravel Depth N/A

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

System Description: pumped-pm-25% Reduction

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 1/2 No. Employees

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

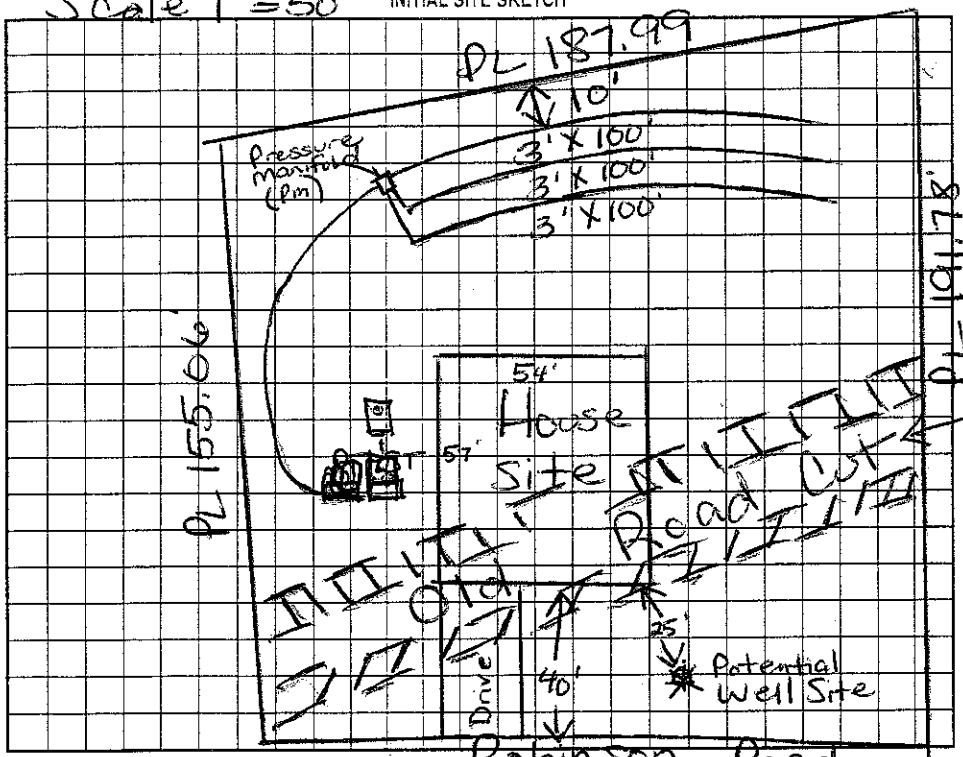
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Remove old burms & terraces.
*Do Not remove any soil from Septic System areas. Install drainfield during dry conditions.

Comments:/Conditions:

Scale 1"=50'

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 11/6/02 Installed by: David Clark Const.

Improvement Permit by: Maria H. Dolan RS date 11/5/2002 Operation Permit by: RS date 4/17/03

Authorization to Construct by: Maria H. Dolan RS date 11/5/2002 Existing System Inspection by: date

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