IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 149803 PIN# 4638132624 DATE 4/30/08

OWNER OR APPLICANT Ben Kirkland PHONE: Business 317-370-4726 Home 704-660-7592

ADDRESS 288 Robinson Rd. , mooresville, NC

LOCATION Hwy 150 W. TR Robinson Rd. , on rt

SUBDIVISION Robinson Woods BLOCK / SECTION II LOT 16 LOT AREA 0.64 AC SITE CLASS. P.S. DESIGN FLOW 360 L.T.A.R. 0.25

Septic Tank: 1000 Gallons; STB 799 Date 10/5/98
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360
No Lines 7 Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair ☐ Expansion System Type: I, II, (III), IV, V, VI
System Description: gravity - 25% reduction, chambers
Repair System Description: 50% reduction
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Persons ____ No. Employees ____

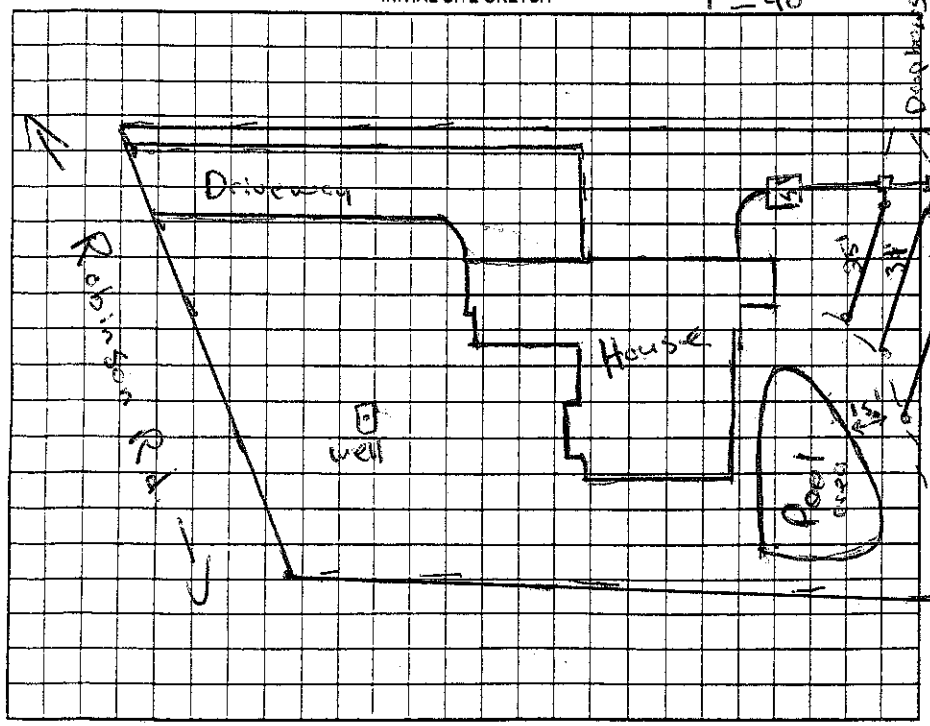
Water Supply: ☒ Individual ☐ Public ☐ Community

Gravel Depth ____ ☑ Gravity ☐ Pressure ☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

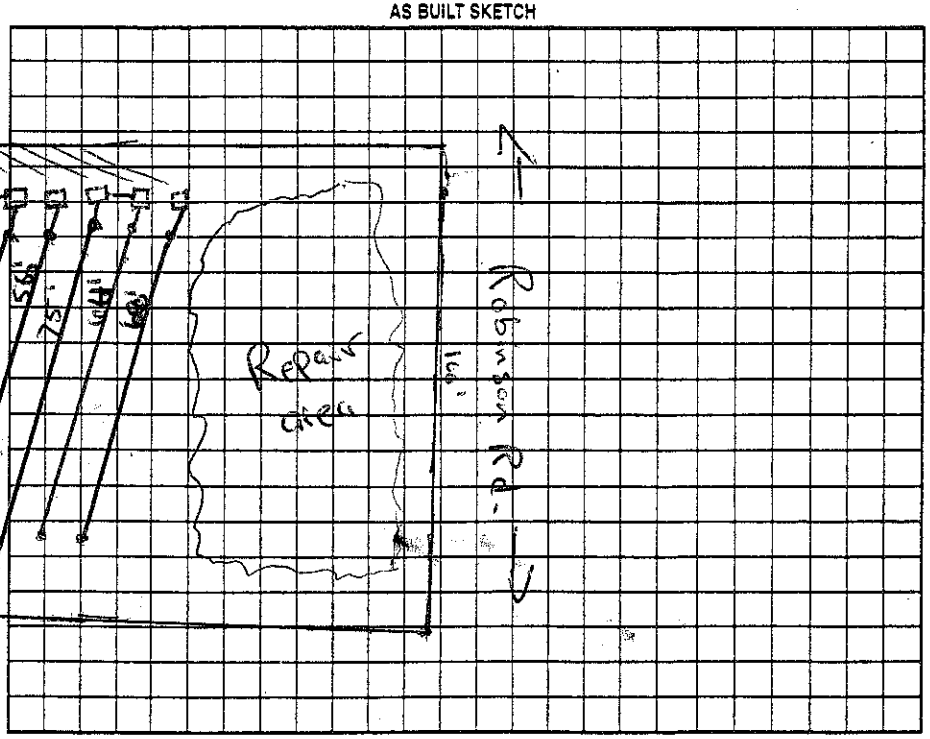
Comments:/Conditions:
* Abandon Dist. box & use seven drop boxes
* Cap first 4 lines @ length specified (Chambers)
* add 2 60' lines below last existing line (75' line)
* install on contour & maintain all setbacks

Comments:/Conditions:

INITIAL SITE SKETCH 1" = 40'



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: Mary Ellen Kirkland date 4/30/08 Installed by: Ben Kirkland

Improvement Permit by: Robin date 4/30/08 Operation Permit by: [signature] date 5-6-08

Authorization to Construct by: Robin date 4/30/08 Existing System Inspection by: ____ date ____

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