4.00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 07784 PIN# 4648 354 385 DATE 9/20/99

OWNER OR CONTRACTOR Jim Kenney PHONE: Business 660-6928 Home 1-888 935-9855

ADDRESS 138 Stonemarker Rd, Mooresville NC 28117

LOCATION Hwy 150 W, TR Bluefield Lt Big Indian Loop Rd Rt at 1st Rd ~ 1 1/4 - 1/2 mile on Rt

SUBDIVISION Indian Hills BLOCK / SECTION ____ LOT 4 LOT AREA .73 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 4-12-99
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 900' Linear Feet 300'
No Lines 3 at 100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

X New System ☐ Repair System Type: I, II, III, IV, V, VI (A)
System Description: Gravity-25% Reduction
Repair System Description: Modified-Pumped
Maintenance Agreement Required: ☐ Yes X No

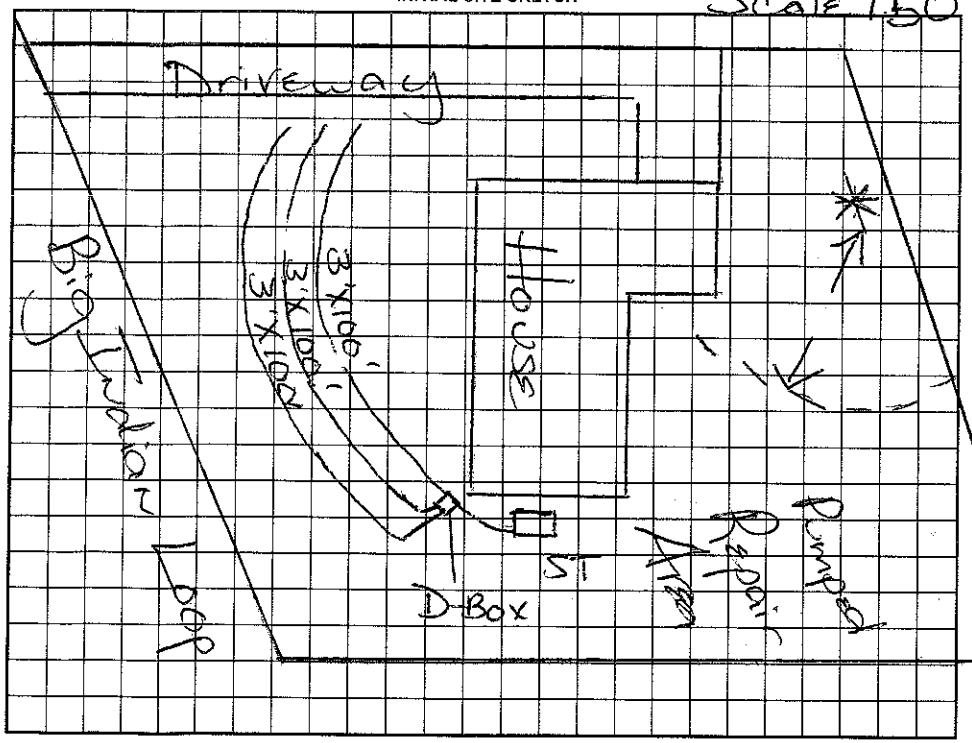
X House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: X Individual ☐ Public ☐ Community

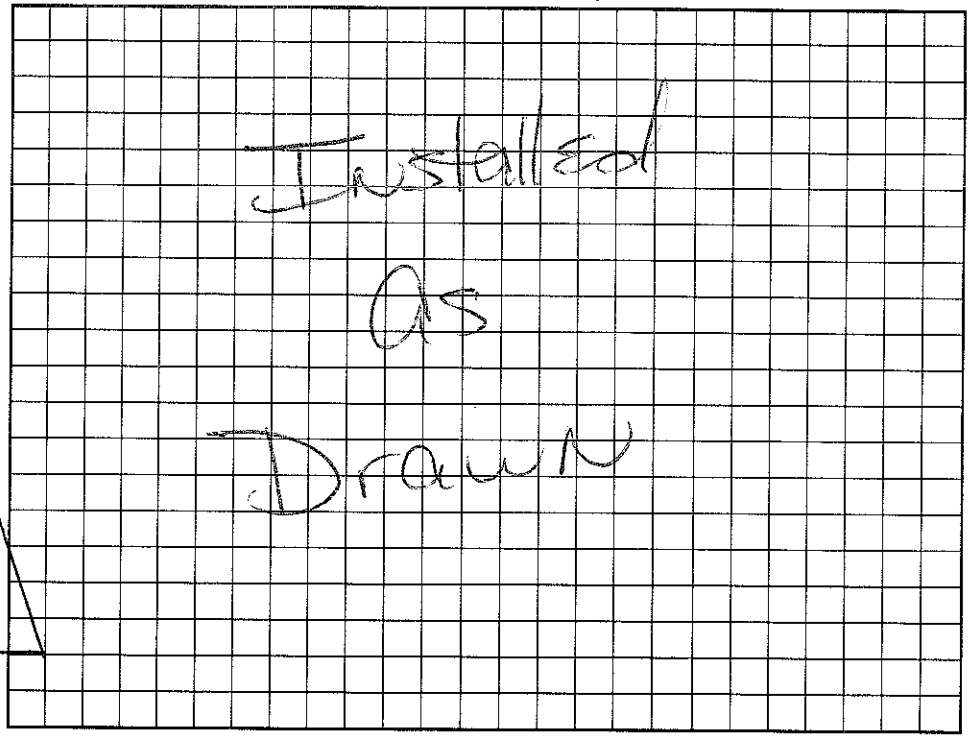
Comments/Conditions: Keep Septic System at least 10' from PL, 50' from well & 5' from House
* Trenches may be deeper on one end.

Comments/Conditions: (A) 25% Reduction in Drainfield area.
Replaces permit dated 11/21/98

INITIAL SITE SKETCH Scale 1:50



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: X Nicole N. Kennedy date ____ Installed by: Mayhew Septic

Improvement Permit by: Maria H. Dotson RS date 9/20/98 Operation Permit by: Maria H. Dotson RS date 9/21/99

Authorization to Construct by: Maria H. Dotson RS date 9/20/98 Existing System Inspection by: ____ date ____

Pd $125.00 9/20/99 MD

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