IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122708 PIN# 4665 30 3395,025 4664-49-5958 DATE 1/25/05

OWNER OR CONTRACTOR Kimberly James Homes PHONE: Business 704 701-0658 Home

ADDRESS PO Box 891 Mooresville NC 28115

LOCATION Shearers Rd, TR Huntington Ridge on Rt on Corner

SUBDIVISION Huntington Ridge BLOCK / SECTION 1 LOT 25 LOT AREA 0.65AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 312 Date 12-12-03

Pump Tank: 1000 Gallons; PT 27 Date 3-14-05

Pump Make: Liberty Model Serial No.

Nitrification Field: No Fields 4 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: PM 25% Reduction

Repair System Description: LP Panel Block

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms

☐ Business No. Employees

☐ Other

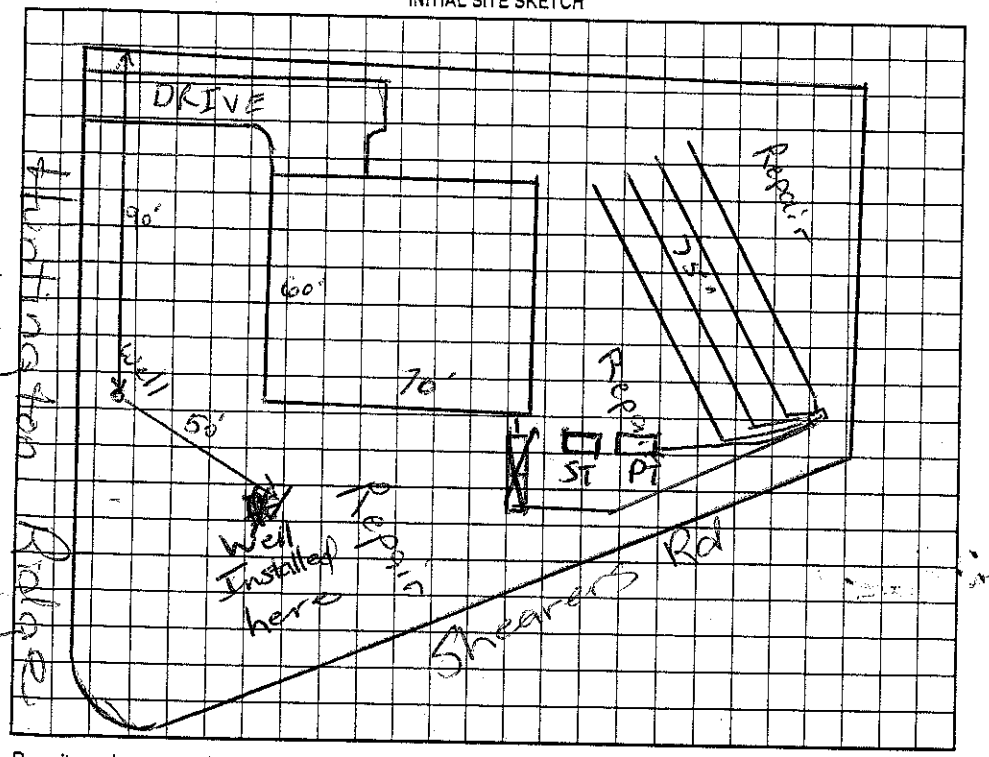
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

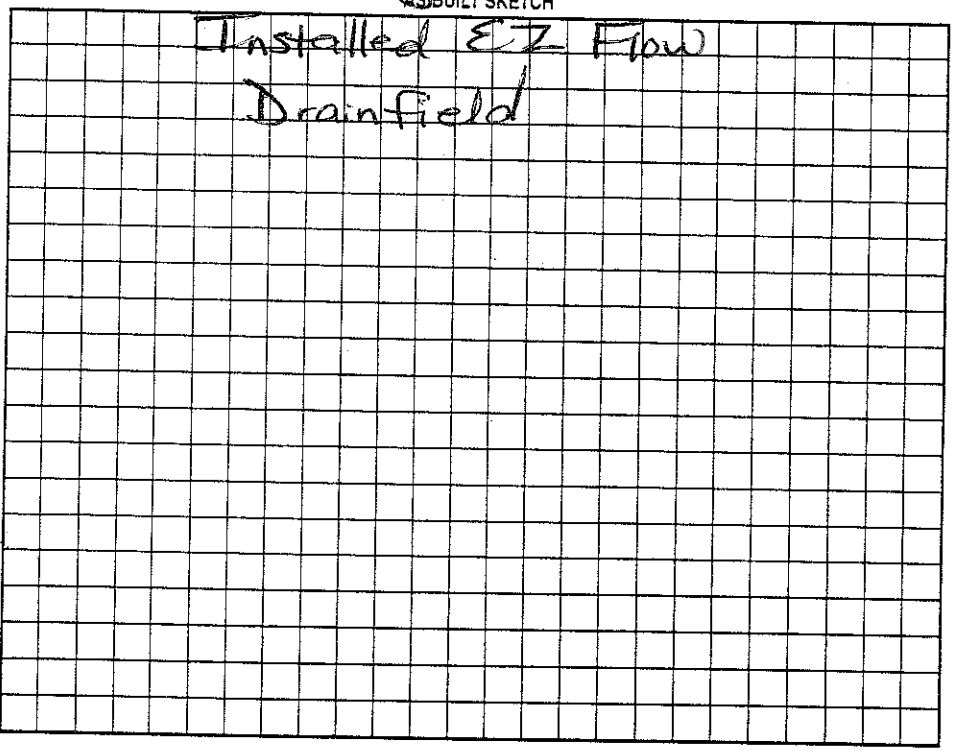
Comments/Conditions: 1/2HP Pump set head 35ft

Comments/Conditions: Note: Well closer to back than permitted & deck intrudes slightly into "repair area" Could still get Panel repair probably but will be tight.

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 _____

Improvement Permit by: RS date 1/25/05

Authorization to Construct by: RS date 1/25/05

Installed by: Roseman

Operation Permit by: RS date 6/8/05

Existing System Inspection by: _____ date _____

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