# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# _____ PIN# 4703-08-9170 DATE 7-24-05

OWNER OR CONTRACTOR BILL KINCAID PHONE: Business 704-902-2619 Home _____

ADDRESS 336 MOLLMILL RD STATESVILLE NC 28677

LOCATION 40 WEST ON SHARON ON MOLLMILL AT BX # 336

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. _____ DESIGN FLOW 360 L.T.A.R. ✓

Septic Tank: EXISTING Gallons; STB 1012 Date 7-9-05
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet ✓ Linear Feet 320'
No Lines 4x80' Trench Width 36" Max Trench Bottom Depth ✓ Gravel Depth 24"

☐ New System ☒ Repair System Type: I, (II), III, IV, V, VI
System Description: 6DAY CONV
Repair System Description: ✓
Maintenance Agreement Required: ☐ Yes ☒ No

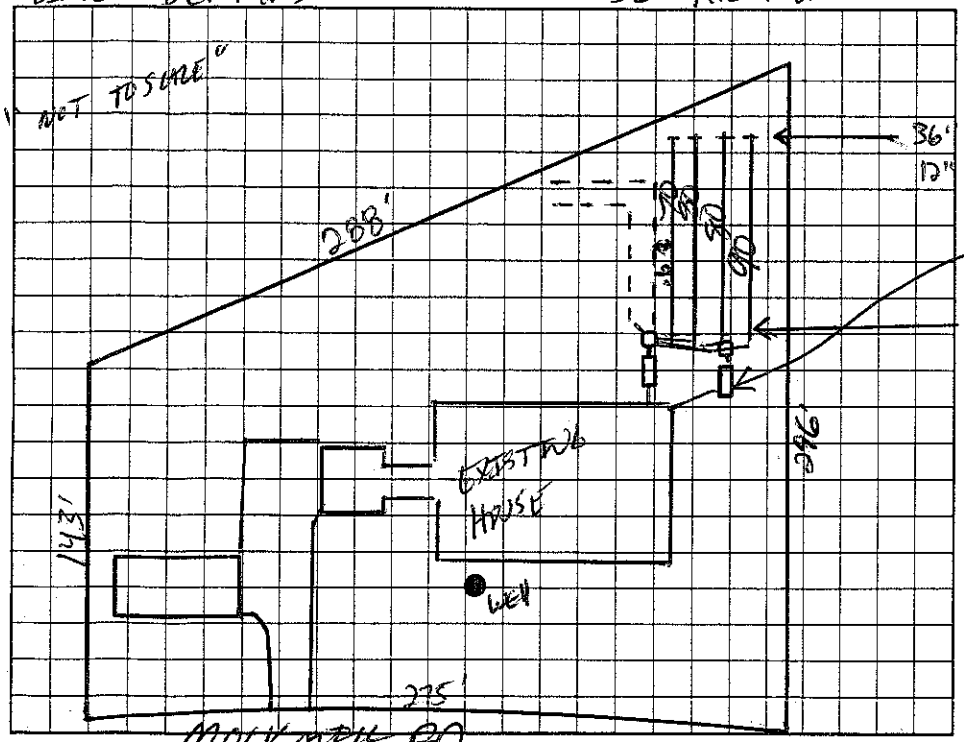
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: (1) INSTALL 4 NEW LINES / 9' ON CENTER / 80' LONG / 24" STONE / FED FIRST IN NEW 6 HOLE DIST BOX IF NELESSARY. (2) USE SPEED LEVELERS & FEED NEW SYSTEM FIRST. DURING DIGGING SET DITCH DEPTHS SO THEY WILL

Comments:/Conditions: BACK UP TO THE BOX & FEED OLD SYSTEM LAST. (3) THIS PERMIT SERVES AS NOTICE OF VIOLATION & MUST BE REPAIRED WITHIN 30 DAYS. ✱ CALL PRIOR TO INSTALLATION FOR CONSULTATIVE VISIT.

INITIAL SITE SKETCH




AS BUILT SKETCH

OWNER AUTHORIZES CHANGES. NEED TANK TO BE SET & LEAVE ONLY BASEMENT PLUMBING ON OLD SYSTEM. BASEMENT PLUMBING IS ONLY 1 BATHROOM. LC 8-1-05

✱ Bill Kincaid

✱ System was installed during period of wet soil conditions

✱ yellow tuff-tite filter installed Septic tank marker installed

✱ Installed as noted on site sketch

✱ Stone 57

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: Bill Kincaid date 7/25/05 Installed by: H/ Buckner

Improvement Permit by: [signature] date 7-24-05 Operation Permit by: [signature] date 8-19-05

Authorization to Construct by: [signature] date 7-24-05 Existing System Inspection by: _____ date _____

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