IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281 (C1)

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

PERMIT# 121702 PIN# 4705-10-0860 DATE 6-15-04

OWNER OR CONTRACTOR JANET KIRKMAN PHONE: Business 704-878-0680 Home 704-872-0761

ADDRESS 2476 OLD MOUNTAIN ROAD, STATESVILLE, NC 28677

LOCATION I-40 WEST, TR OLD MOUNTAIN ROAD, TR HALLMARK ESTATES DRIVE, 1ST LOT ON LEFT

SUBDIVISION HALLMARK EST. BLOCK / SECTION ____ LOT 1 LOT AREA LIMITED SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. ~~0.550~~ EXISTING

Septic Tank: 1000 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 720 Linear Feet 240

No Lines THREE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: CONVENTIONAL, GRAVITY

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

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

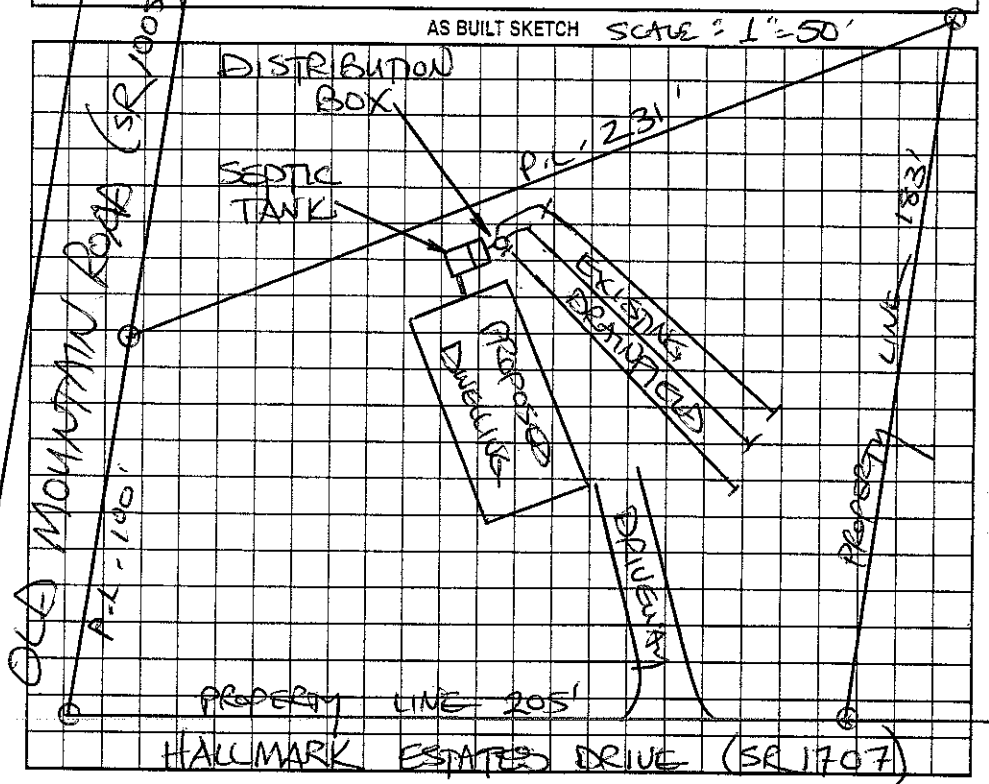
Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions: DISTRIBUTION BOX MAY NEED FUTURE ADJUSTMENT. KEEP PROPOSED HOME MINIMUM FIVE (5) FEET FROM SYSTEM.

INITIAL SITE SKETCH

AS BUILT SKETCH SCALE: 1"=50'



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: ____ date ____

Authorization to Construct by: ____ date ____

Installed by: ____

Operation Permit by: ____ date ____

Existing System Inspection by: STEVE HERRICK date 6-15-04

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