IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 81680 PIN# 4705647163

OWNER OR CONTRACTOR Dianne Kimball PHONE: Business _____ Home 872 7017 DATE June 21, 99

ADDRESS Po Box 5231 Statesville, NC

LOCATION 64 W (R) Lippard Farm Rd on left cross 3rd block behind church 2nd Lane Across bridge up hill to the right in the woods

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 8 Ac SITE CLASS S DESIGN FLOW 360 L.T.A.R. .4

Septic Tank: 1000 Gallons; STB 1007 Date 5-26-99

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 5 & 6 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Conv Gravity

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

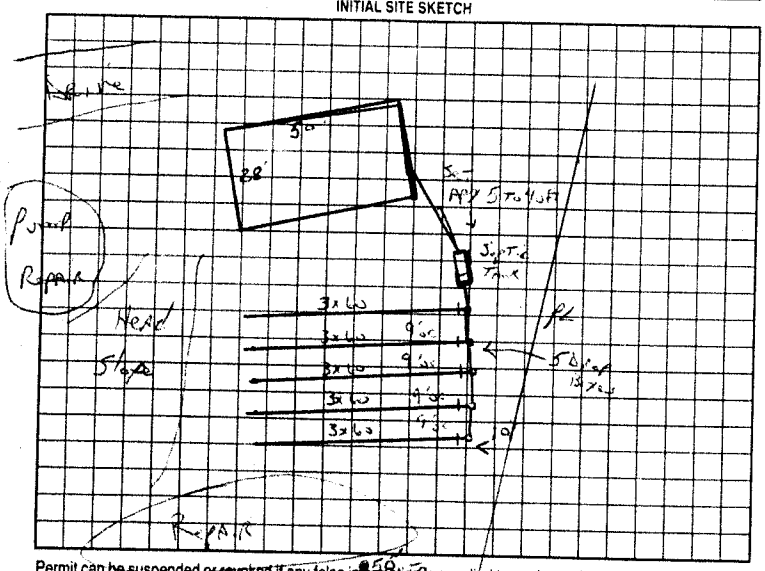
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments/Conditions: INSTALL Lines on contour
Keep out of head Slope

Comments/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as shown

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: Dianne E. Kimball date 6-23-99

Improvement Permit by: L. Potter date 6-21-99

Authorization to Construct by: L. Potter date 6-21-99

Installed by: James Hudler

Operation Permit by: Mark C. Ontz RS date 8-5-99

Existing System Inspection by: _____ date _____

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