4705649540

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING S

PERMIT# 142925

OWNER OR APPLICANT Richard Kimball PIN# [redacted] PHONE: Business 704-252-3239 Home 704

ADDRESS 737 W. Mulberry St. Statesville

LOCATION Lippard Farm Rd. from US 64 2nd Drive on left across U.S. 64

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 3.59 ac. SITE CLASS. PS DESIGN FLOW 360 gpd

Septic Tank: 1000 Gallons; STB Mull 891 Date 3-3-08

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 6" PA

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

System Description: 2590 Reduction

Repair System Description: 2590 Reduction

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other _____

☐ Slab ☑ Crawl Space ☐ Basement

Comments:/Conditions:

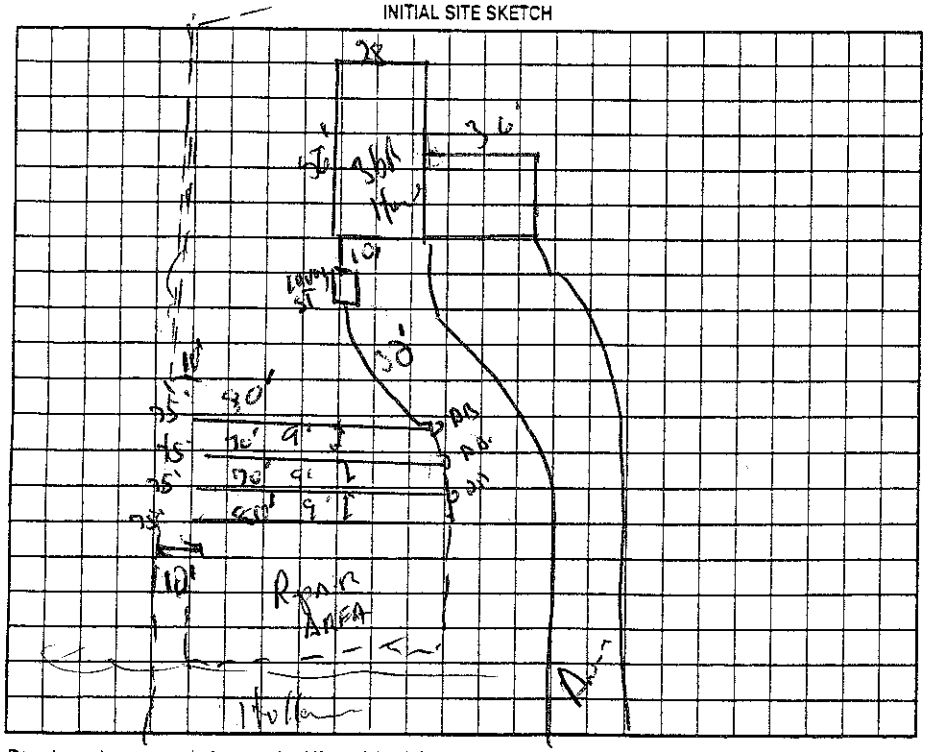
Follow contour

Pump 4 —

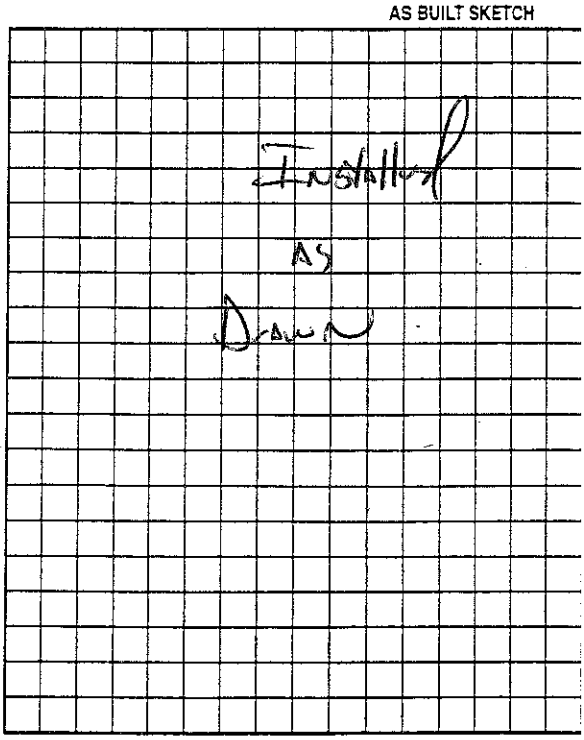
Comments:/Conditions: Installed as EZ Flow

Red polylok Filter.

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

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 Improvem

Signed: Courtney Kimball date 10/30/07 Installed by: Foothills Grading

Improvement Permit by: [signature], R.S. date 25 Oct 07 Operation Permit by: [signature], R.S.

Authorization to Construct by: [signature], R.S. date 25 Oct 07 Existing System Inspection by: _____

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

4705649540

IREDELL COUNTY HEALTH DEPARTMENT

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

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

DATE 29 June 07

PERMIT# 142925 PIN# [redacted] PHONE: Business 704-252-3239 Home 704-873-0686

OWNER OR APPLICANT Richard Kimball

ADDRESS 737 W. Mulberry St. Statesville

LOCATION Leppard Farm Rd. from US 64 2nd Drive on left across Branch

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 3.59 Ac. SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. 0.3 / F42 / D1

Septic Tank: 1000 Gallons; STB Mull 821 Date 3-3-08

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet ~~300~~ 360

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 6" PT

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

System Description: 25% Reduction

Repair System Description: 25% Reduction

Maintenance Agreement Required: ☑ Yes ☐ No

☑ Gravity ☐ Pressure ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other ____

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

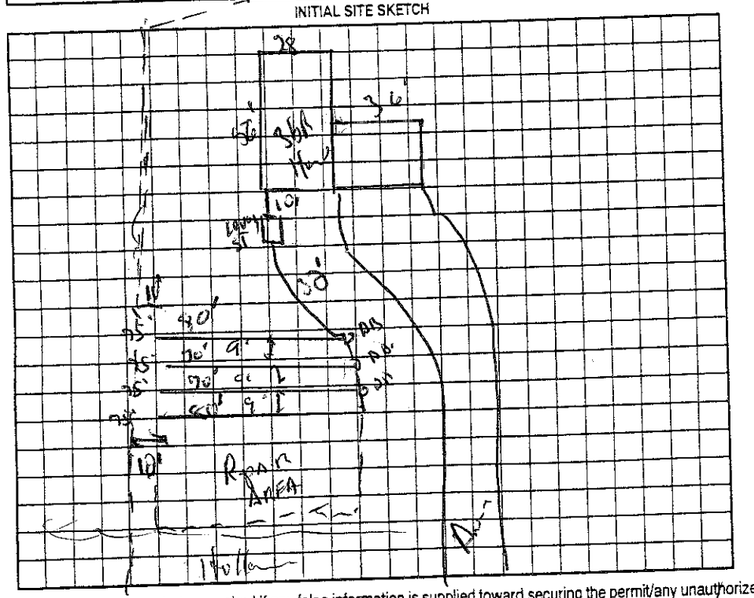
Follow contour

+ Pump to ___

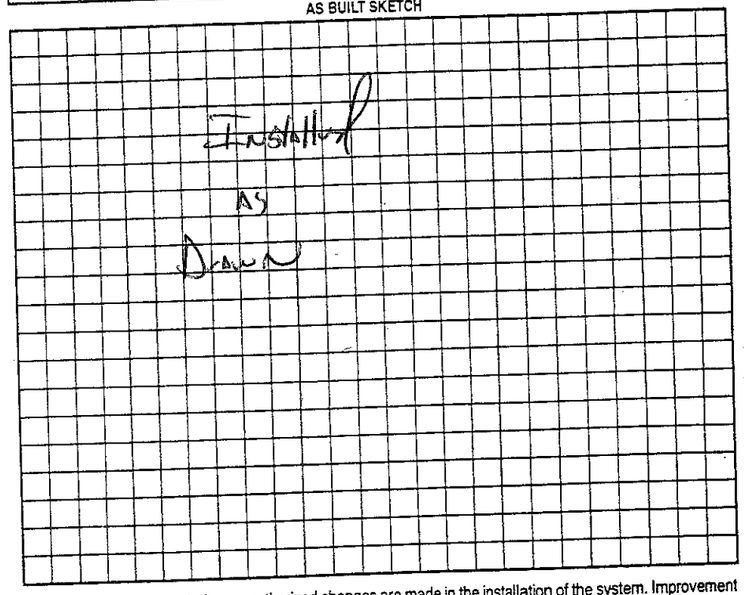
Comments:/Conditions: Installed as EZFlow

Red polyfelt fill.

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: Courtney Kimball date 10/30/07

Improvement Permit by: _____ R.S. date 25 Oct 07

Authorization to Construct by: _____ R.S. date 25 Oct 07

Installed by: Foothills Grading date 23 April 08

Operation Permit by: _____ R.S. date _____

Existing System Inspection by: _____ date _____

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