IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOOORESVILLE 704-664-5281

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

PERMIT# Repair PIN# 4706-80-9250 DATE 2/25/04

OWNER OR CONTRACTOR CCB Mike Kirby, Applicant PHONE: Business (828) 381-0399 Home —

ADDRESS 309 Monroe Ave, Memphis, TN 38108

LOCATION Hwy 90 W, 1st Brick House on ~~Left~~ Right past Lippard Farm Road across railroad tracks

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 1.86 Ac. SITE CLASS F5 DESIGN FLOW 360 L.T.A.R. - 30 gpd

Septic Tank: 1,000 Gallons; STB — Date —
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields ___ Square Feet _____ Linear Feet _____
No Lines 3@65ft Trench Width 36" Max Trench Bottom Depth — Gravel Depth 16"

☐ New System ☒ Repair System Type: I, II, III, IV, V, VI
System Description: _____
Repair System Description: Gravity, Conventional
Maintenance Agreement Required: ☐ Yes ☒ No

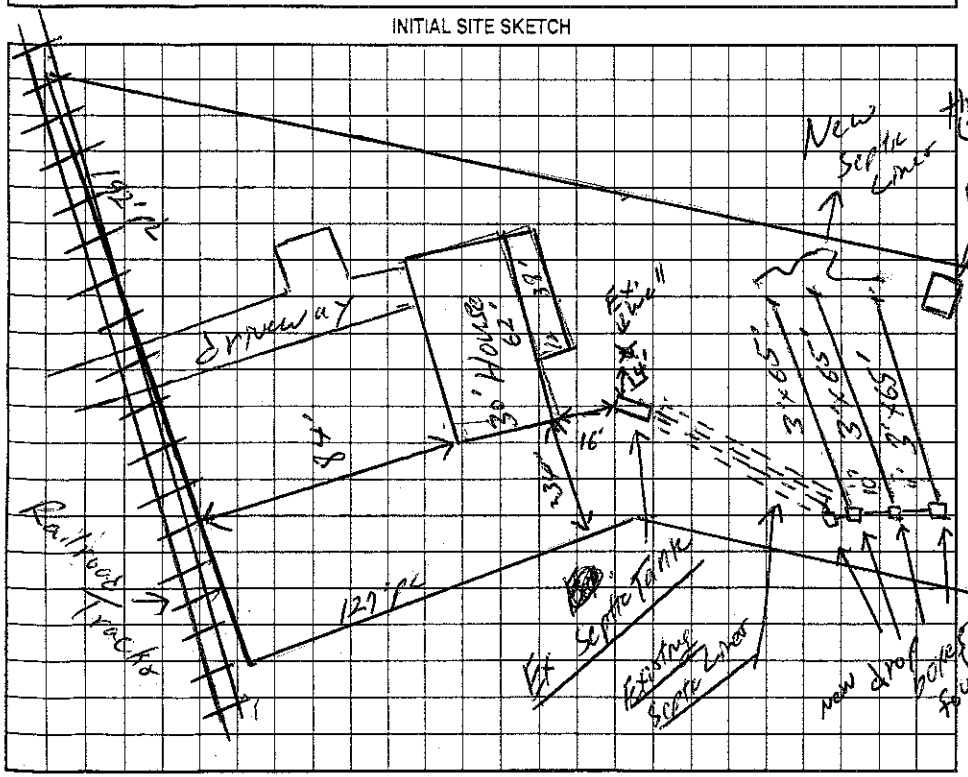
☒ House/Mod. Home No. Bedrooms 2
☐ Mobile Home No. Bathrooms 1.5
☐ Business No. Employees ___
☐ Other _____
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

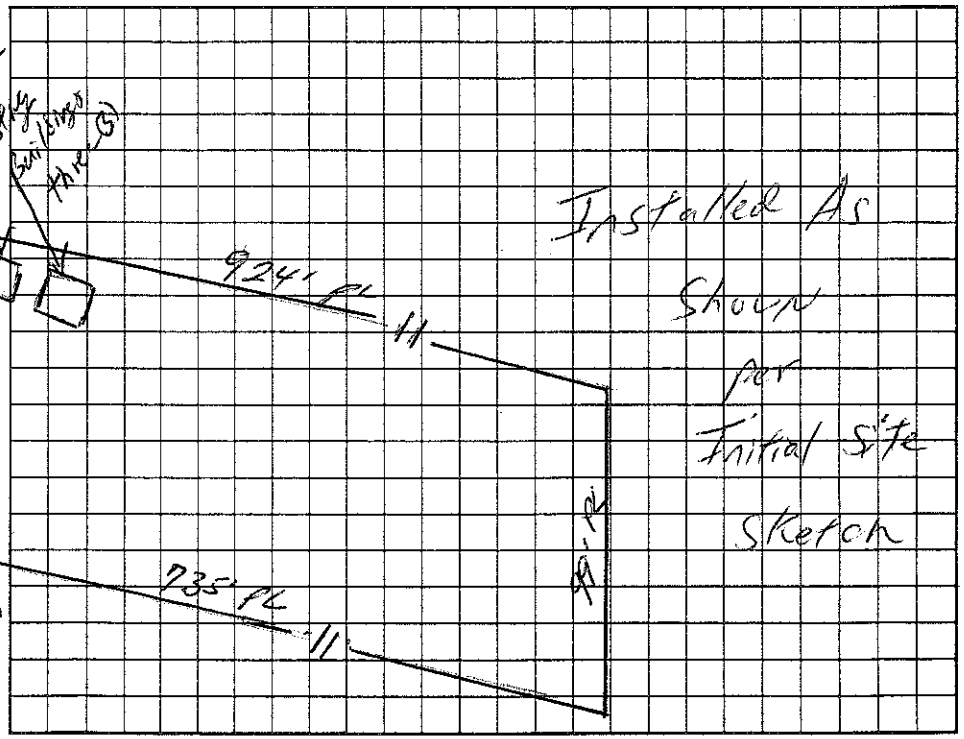
Comments:/Conditions: (1) Abandon Exp. Well by Certified Well Driller Submit copy to HD (2) Add three (3) 65ft lines w/16" Gravel on Contour (3) Maintain proper Setbacks

Comments:/Conditions: Well Abandoned 3-16-04

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: William O. Johnson date 2/25/04

Authorization to Construct by: William O. Johnson date 2/25/04

Installed by: Derek Barnes (4/2/04)

Operation Permit by: William O. Johnson date 12/9/04

Existing System Inspection by: _____ date _____

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