IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 2609 PIN# 4722385864 (07) DATE 3-6-98

OWNER OR CONTRACTOR Chris Davidson PHONE: Business _____ Home 528-6192

ADDRESS PO Box 5602 Statesville

LOCATION I-40W TL Old Mtn Rd TR Kyles ~~Cross~~ wood 1st lot on (L)

SUBDIVISION Kyleswood BLOCK / SECTION _____ LOT 1 LOT AREA _____ SITE CLASS. 915 DESIGN FLOW _____ L.T.A.R. ~~0.5~~ 0.3

Septic Tank: 1000 Gallons; STB 620 Date 10-2-98

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 4 Trench Width 36 Max Trench Bottom Depth 36 ~~Gravel Depth~~ Sand

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

System Description: Gravity Chambers

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

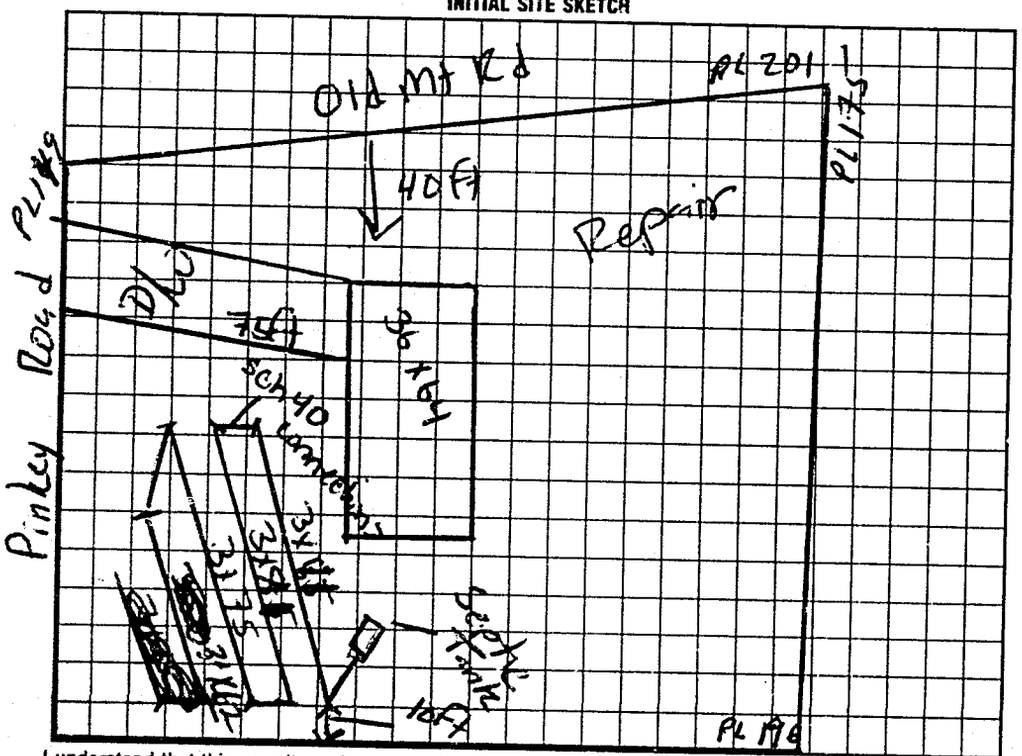
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ~~☒~~ Individual ☐ Public ☒ Community well

Comments:/Conditions: keep lines on contour, 9ft on center 10ft from property line keep ~~10ft~~ ~~from~~ water line 10ft from system

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

Same as initial sketch

I understand that this 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: Neil Kale date 6-2-98 Installed by: Sammy Reavis

Improvement Permit by: Mat Coffey date 3-6-98 Operation Permit by: J.C. Moore date 11-20-98

Authorization to Construct by: Mat Coffey date 3-6-98 Existing System Inspection by: _____ date _____

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