IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 130.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 15273 PIN# 4722780315

OWNER OR CONTRACTOR ~~Ken Robert Construction~~ Cool Spring Bldrs PHONE: Business ~~665-0884~~ 336-399-5943 Home

DATE 8/18/03

ADDRESS ~~103 Dianne Bus. Pk. Dr. Unit 6~~

LOCATION OMR - IL RUMPLE HILL - AT END

SUBDIVISION GIPPARD SPRINGS BLOCK / SECTION 4 LOT 92 LOT AREA .78AC SITE CLASS. PS DESIGN FLOW 360GPD L.T.A.R. .3600/Ks

Septic Tank: 1000 Gallons; STB 1012 Date 2-13-07

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

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

No Lines 4@75' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: GRAVITY 25% REDUCTION

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

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

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

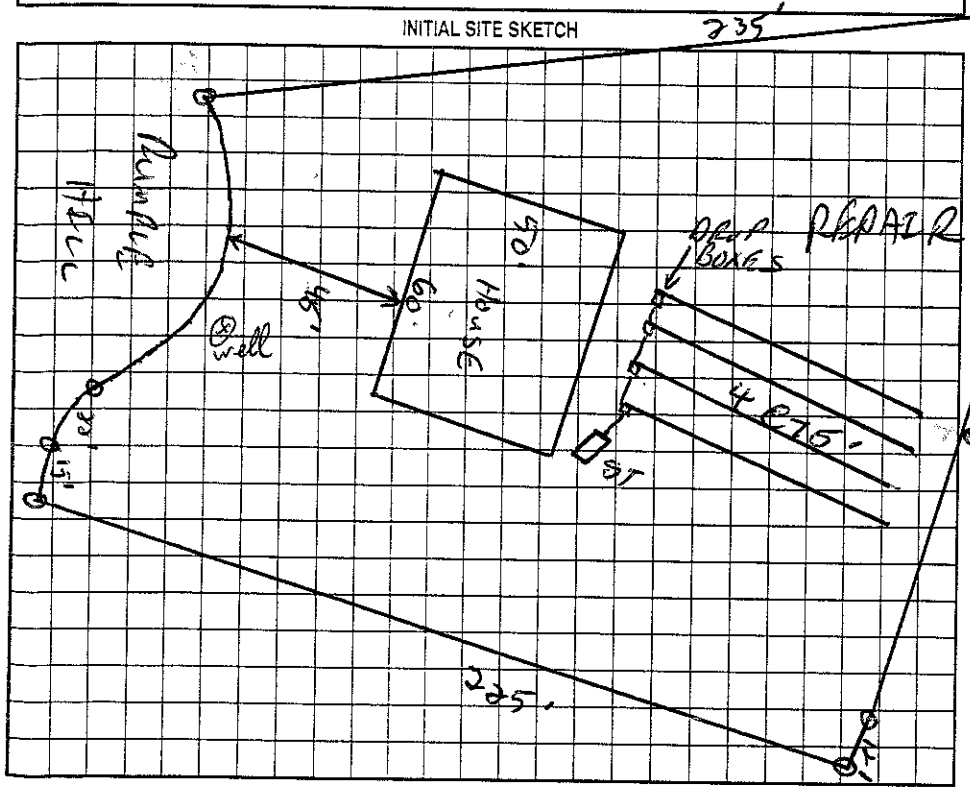
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

1"=50'

INITIAL SITE SKETCH



Comments:/Conditions: Approved 3 Bedroom 50 x 54 House PLAN on 4-10-07

Yellow tank tops

AS BUILT SKETCH

Septic tank made

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: Russell Poore date 8-18-03 Installed by: Craig Thompson

Improvement Permit by: C. Gaither RS date 8/18/03 Operation Permit by: Kenny Cook date 8-7-07

Authorization to Construct by: [signature] RS date 4/10/07 Existing System Inspection by: ____ date ____

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