IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 114507 PIN# 4724-95-5127.1 DATE 8/5/03

OWNER OR CONTRACTOR Talmadge Kinney PHONE: Business (704) 585-9041 Home —

ADDRESS 249 Abner Rd Stony Point N.C. 28678

LOCATION I-40 W, (L) Hwy 90 to Cooley Rogers Blvd, (R) Wooten Street, go 4 miles and bear left on Clive Street, property on left in curve

SUBDIVISION Wooten Heights BLOCK / SECTION — LOT 48-52 LOT AREA — SITE CLASS. Ex DESIGN FLOW 480 L.T.A.R. Exists

Septic Tank: 4,000 Gallons; STB — Date —

Pump Tank: — Gallons; PT — Date —

Pump Make: — Model — Serial No. —

Nitrification Field: No Fields 1 Square Feet 1200 + 280 = 1480 Linear Feet 500'

No Lines 5 (8) Trench Width — Max Trench Bottom Depth — Gravel Depth —

~~New~~/Existing System ☐ Repair System Type: (I) II, III, IV, V, VI

System Description: Gravity, Conventional

Repair System Description: —

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees —

☐ Other —

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

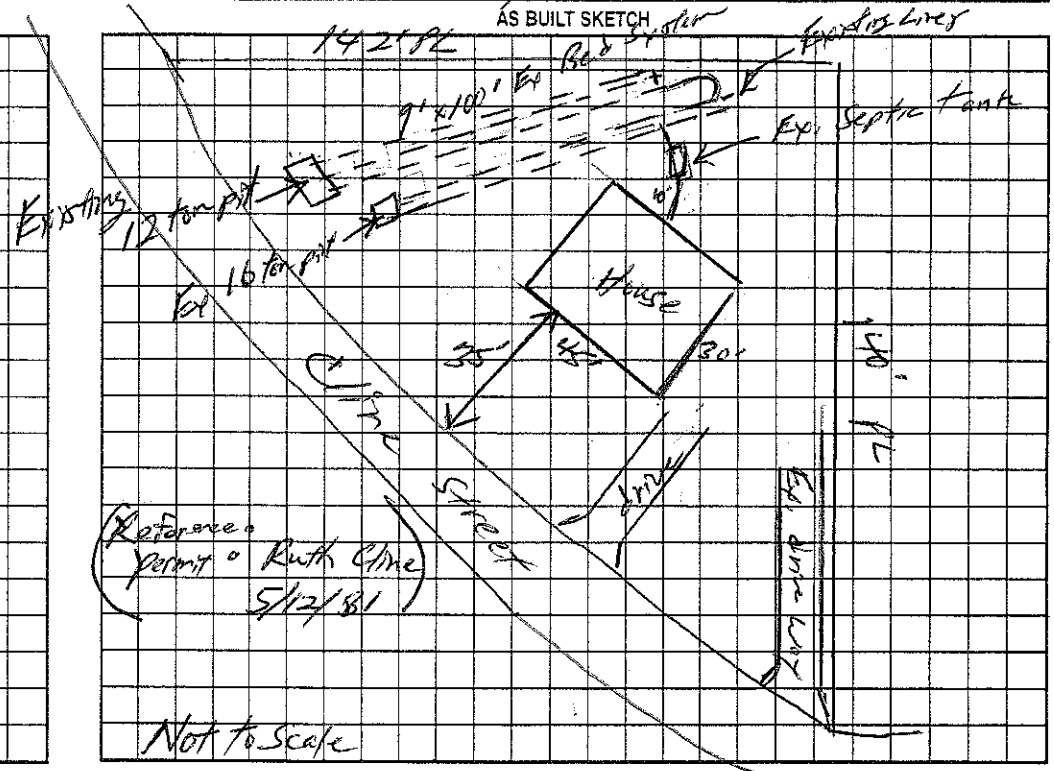
Water Supply: ☐ Individual ☒ Public ☐ Community City of Statesville

Comments:/Conditions:

Comments:/Conditions: (1) Maintain proper set backs off tank + lines (min. 5 Ft off tank + 5 Ft off lines) when installing House Foundation. (2) Installed New Septic tee in Septic Tank (3) Install 2 BR House on old 4 Bedroom site. (4) System Not in use at time of Inspection.

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 _____ Installed by: _____

Improvement Permit by: _____ date _____ Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: William O. Johnson date 8/5/03

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