(C1)

called 6-26-07 @ 11:10 / left message

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 14182 PIN# 4725-56-7636 DATE 6 June 07

OWNER OR APPLICANT Talmadge Kinney PHONE: Business 704-880-2200 Home 704-585-9041

ADDRESS 249 Abner Rd. Stony Point NC

LOCATION Miller Farm Rd. Turn onto Hall Dr. Lot on Rt.

SUBDIVISION Summerdale BLOCK / SECTION ____ LOT 1 LOT AREA 1.24ac. SITE CLASS. PS DESIGN FLOW 360 g/d L.T.A.R. 0.3 g/ft²/d

Septic Tank: 1000 Gallons; STB 354 Date 5-15-08
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet ≈ 1200 Linear Feet 300
No Lines ____ Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth ____

☒ 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 / Honor setbacks

Comments/Conditions: Filter install'g - poly/10K

INITIAL SITE SKETCH

Please see attached Exhibit.

AS BUILT SKETCH

Install as Drawn

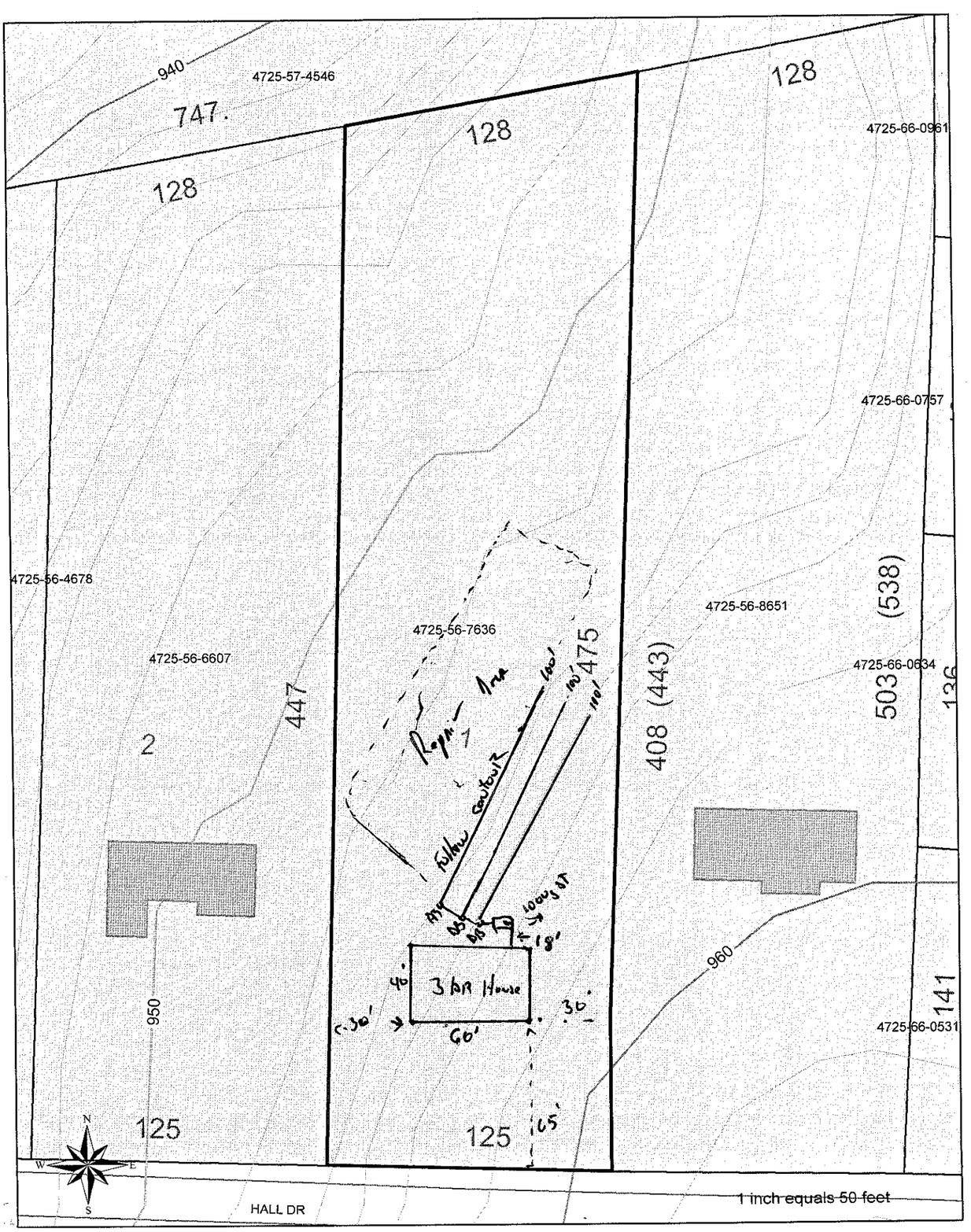
Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. ☐ Improvement Permit with site plan valid for sixty months ☒ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: [signature] date 6-28-07 Installed by: Blackburn & Sons Lic# 1035

Improvement Permit by: [signature], R.S. date 12 June 07 Operation Permit by: [signature], R.S. date 12 August 08

Authorization to Construct by: [signature], R.S. date 10 July 07 Existing System Inspection by: ____ date ____

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


940
4725-57-4546
747.
128
128
128
4725-66-0961
4725-66-0757
4725-56-4678
4725-56-7636
4725-56-6607
4725-56-8651
4725-66-0634
503 (538)
136
475
447
408 (443)
2
1
Repair Area
follow contour
100'
80'
110'
10 deg slope
18'
3 BR House
40'
30'
60'
30'
65'
960
141
4725-66-0531
950
125
125
N
W
E
S
HALL DR
1 inch equals 50 feet