IREDELL COUNTY HEALTH DEPARTMENT (CI)

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

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

PERMIT# 137086 PIN# 4730-36-4553 DATE 10-4-06

OWNER OR APPLICANT KEMASABE LLC PHONE: Business 828-322-3280 Home 704-309-9173

ADDRESS 835 3RD AVE NW Hickory NC 28601

LOCATION PERTH RD (R) STATE PARK (L) RUSHING WATER Property on Right

SUBDIVISION TWIN CREEKS BLOCK / SECTION ____ LOT 19 LOT AREA 1.66AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 1007 Date 12-28-06
Pump Tank: ____ Gallons: PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet EB=1600' Linear Feet 400'
No Lines 4X100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A ☒ Gravity ☐ Pressure

☒ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: GRAVITY 250 REDUCTION
Repair System Description: LP 50%
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Persons 8 No. Employees ____

Water Supply: ☐ Individual ☒ Public ☐ Community

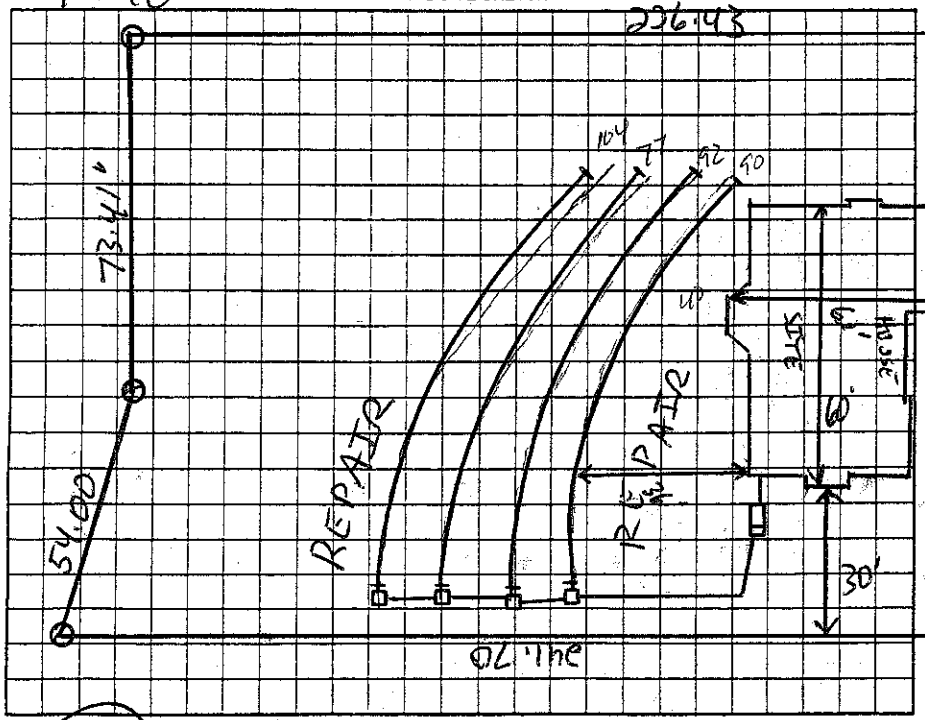
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: (1) INSTALL LINES ON CONTOURS. MAINTAIN SETBACKS (2) GRADE OUT OLD FILL Terraces (1) ONLY Putting on 3 BEDROOM House SYSTEM SIZED FOR 4 BEDROOM

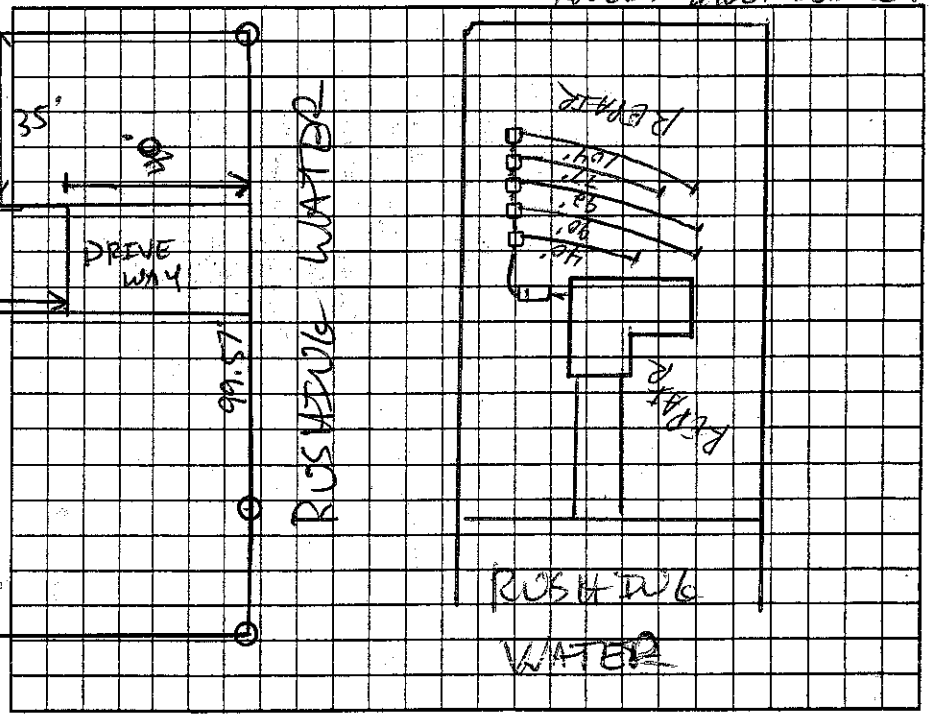
Comments:/Conditions: BOWCO FILTER & MARKER
First Visit TURNED DOWN. SYSTEM ACROSS P/L. BUILDER PULLED String DOWN P/L & System RELOCATED AS DRAWN BELOW. NEEDS BUILDERS PERMISSION TO CHANGE

1"=40'

INITIAL SITE SKETCH



AS BUILT SKETCH NEEDS 8/100. BOWCO FILTER



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 10/5/06 Installed by: Derrick BARNES

Improvement Permit by: ____ date 10-4-06 Operation Permit by: ____ date 3-15-07

Authorization to Construct by: ____ date 10-5-06 Existing System Inspection by: ____ date ____

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