IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 128729 PIN# 4736418061 08996 DATE 7-7-05

OWNER OR CONTRACTOR Randy N & Dawnn W Kimberlin PHONE: Business 704-450-9906 Home 704-873-5459

ADDRESS 1610 Kenmore Dr. Statesville 28625 8305

LOCATION Hwy 21 N, TL Fort Dobbs, TR Chipley Ford Rd., on right

SUBDIVISION Fort Dobbs BLOCK / SECTION ____ LOT 4 LOT AREA .973 Ac. SITE CLASS PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 10-12 Date 8-2-66
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields ____ Square Feet 1600 Linear Feet 400
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

☐ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: 25% reduction gravity
Repair System Description: 25% reduction
Maintenance Agreement Required: ☐ Yes ☒ No

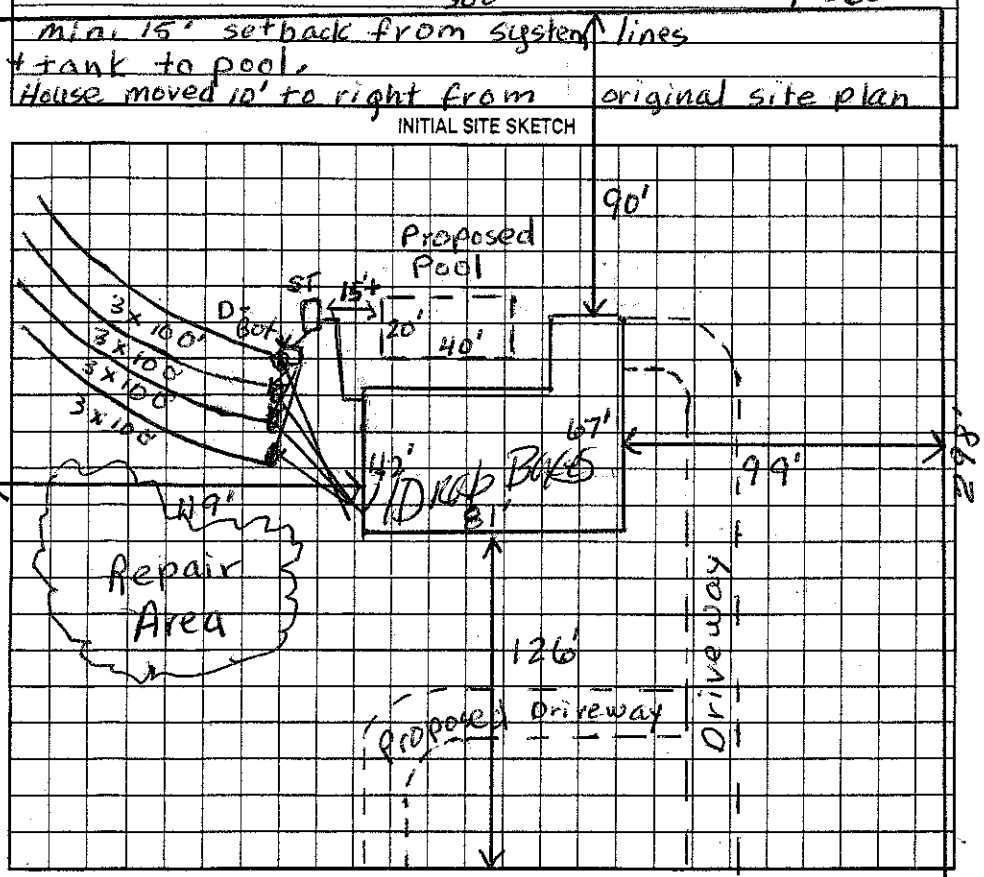
☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ____

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

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions:
300' 1"=60'
min. 15' setback from system lines
+ tank to pool.
House moved 10' to right from original site plan

INITIAL SITE SKETCH



Comments:/Conditions:
Yellow tuff lite
Sprinkler Meter

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: [signature] date 7-7-05 Installed by: DWD Grunt

Improvement Permit by: Judy Melville date 7-7-05 Operation Permit by: [signature] date 3-29-06

Authorization to Construct by: Judy Melville date 7-7-05 Existing System Inspection by: ____ date ____

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