IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 200739

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

PIN # 4742327462

APPLICANT: Kemp Custom Homes INC APPLICANT ADDRESS: 631 Brawley School Rd.

SITE ADDRESS: 467 Murdock Rd. PHONE: 980-226-7598 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 21 S TL Amity Hill Rd. TR Murdock Rd.

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 0.47 acres DESIGN FLOW: 240 gpd L.T.A.R.: Existing

Septic Tank	Existing	(gal)	STB		Date	☐ New System	☐ Repair	☐ Expansion	System Type: I	II	III	IV	V	VI	☑ Residence	No. Bedrooms	2
Pump Tank		(gal)	PT		Date	System Description:	Conventional								☐ Business	No. Persons	4
Pump Make		Model			Serial #	Repair System Description:									☐ Other	No. Employees	
# Nitrification Fields	1	# Lines	Ex		Linear Ft: Ex	Maintenance Agreement Required:	☐ YES	☑ NO							☐ Slab	☑ Crawl Space	
Trench Width	Ex	Max. Trench Bottom Depth	Ex		Gravel Depth Ex		☑ GRAVITY	☐ PRESSURE							☐ Basement w/plumbing		

Water Supply: ☑ Private ☐ Public ☐ Community

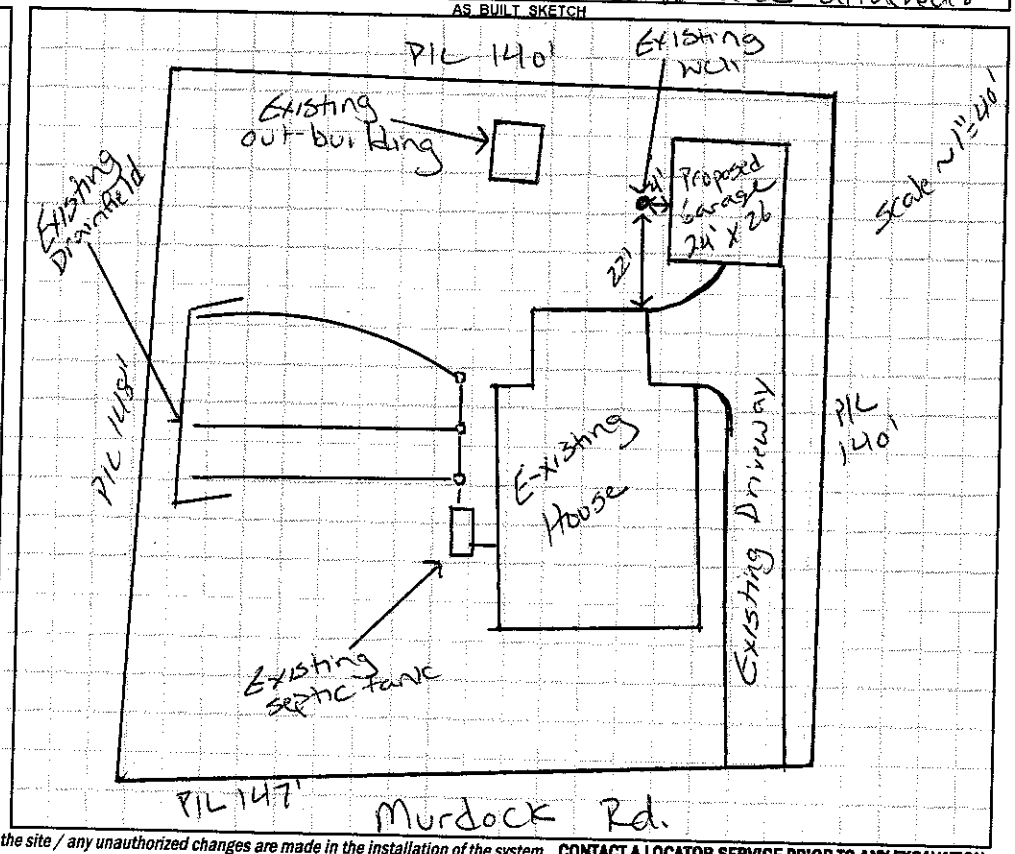
☐ Basement w/o plumbing

Comments / Conditions:

Maintain a minimum of 5' between Garage foundation & all components of septic tank system. Maintain a minimum of 4' between well & garage foundation. Must adhere to all conditions of well variance attached.

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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☐ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 3-6-14 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: [signature] Date: 3-3-14

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK