IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 12885 PIN# 4751174107 DATE 7-13-05

OWNER OR CONTRACTOR Kimberly James Homes PHONE: Business 701-201-0658 Home

ADDRESS BX 891 Davidson NC 28036

LOCATION 77S exit 42 (R) Hwy 21 (R) Oswalt Amity (R) Pitts RD (R) Grey Barn TR Midwood 1st Left

SUBDIVISION Kelly Farmstead BLOCK / SECTION I LOT 23 LOT AREA 0.827 SITE CLASS. 2 DESIGN FLOW 360 L.T.A.R. 3

Septic Tank: 1000 Gallons; STB 32 Bellinzoa Date 10-10-05
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields ____ Square Feet 1200 Linear Feet 300
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☐ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: 25% Red - Gravity
Repair System Description: 25% Red - Gravity
Maintenance Agreement Required: ☐ Yes ☐ No

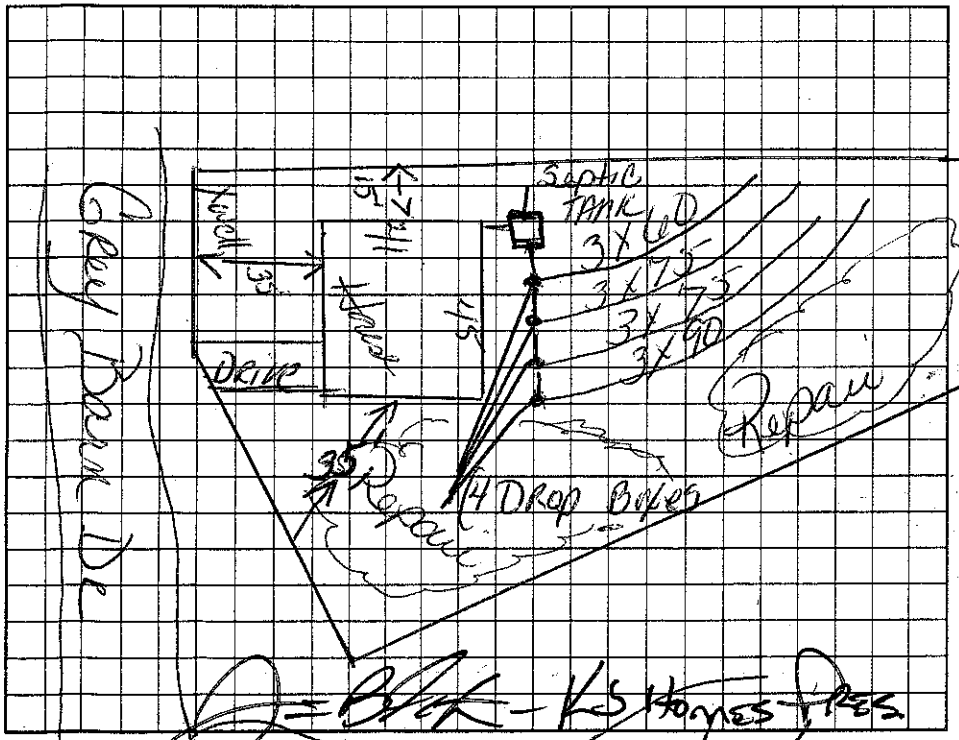
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

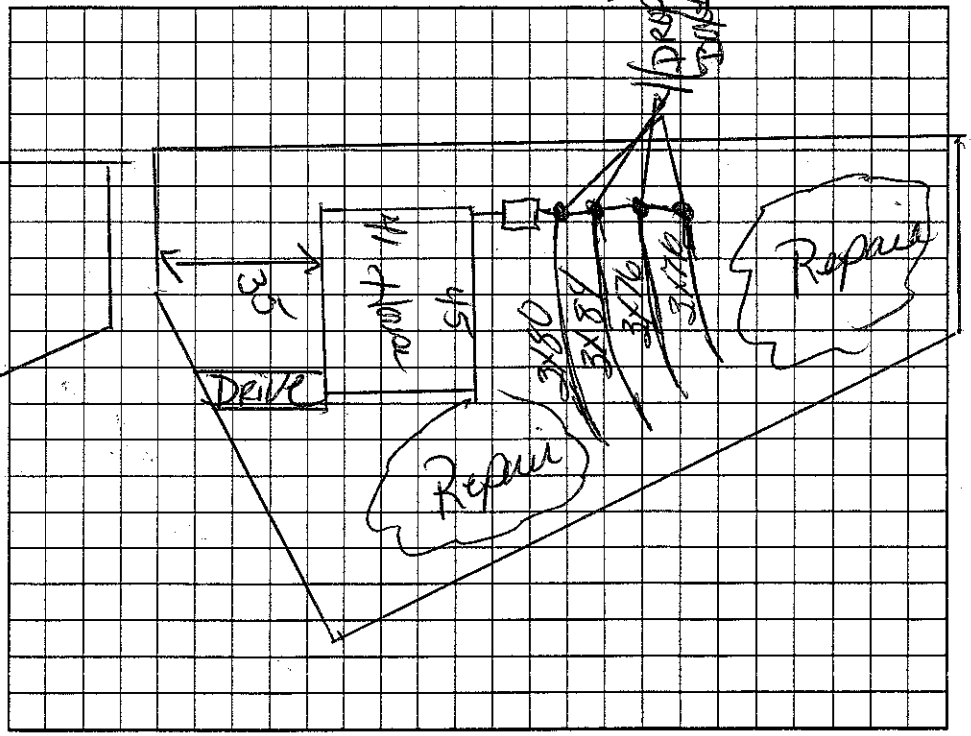
Comments:/Conditions:
36" Max Trench Depth
75' from Well to 1st Line

Comments:/Conditions:
septic tank risers installed
Red Poly lock filter installed

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: Chris Roseman

Improvement Permit by: Kelly Cook date 7-13-05 Operation Permit by: Kelly Cook date 11-16-05

Authorization to Construct by: Kelly Cook date 7-13-05 Existing System Inspection by: _____ date _____

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