IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 208976

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

PIN # 4751238680

APPLICANT: Gerald Kimmer APPLICANT ADDRESS: 441 Pilch Rd, Troutman NC 28166

SITE ADDRESS: 122 Big Bear Trl, Troutman NC 28166 PHONE: 704-902-1080 ALT. PHONE: N/A

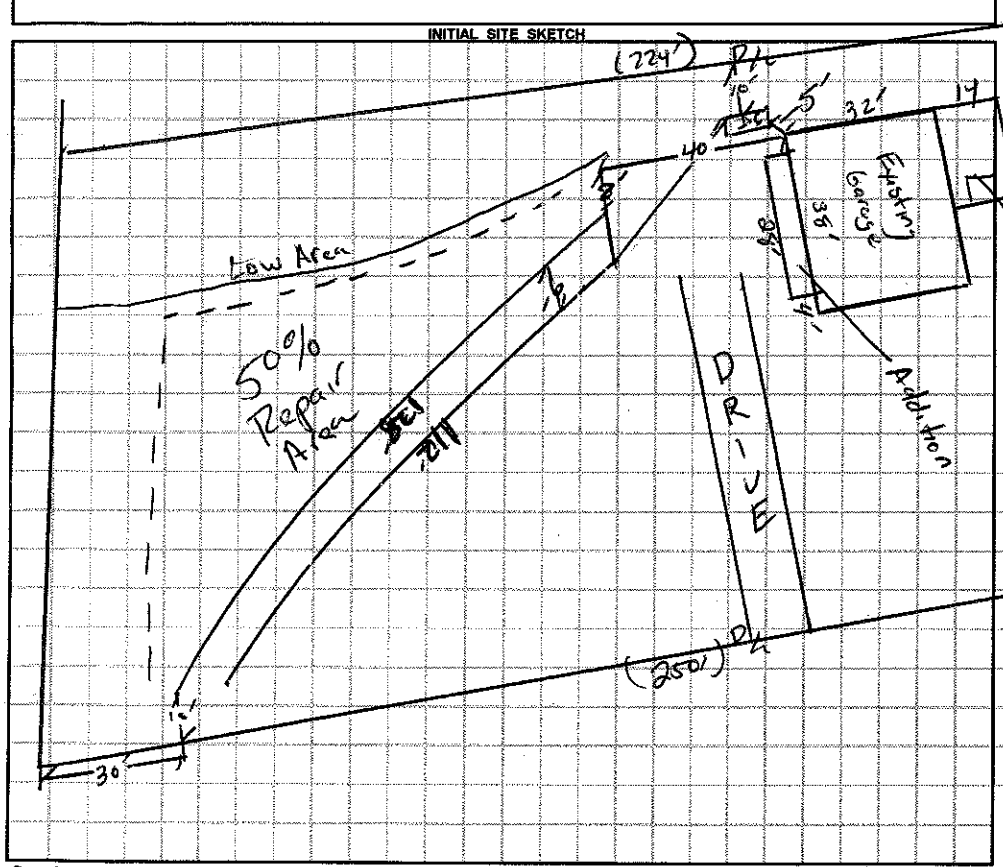
SITE DIRECTIONS: 77 to Amity Hill Rd E to Pilch Rd T/R T/L at 543 Pilch Rd house on right

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 0.689 DESIGN FLOW: 240 L.T.A.R.: 0.25

Septic Tank	1000 (gal)	STB	1012	Date	9-9-14	☒ New System ☐ Repair ☐ Expansion	System Type: I II ☒III IV V VI	☒ Residence	No. Bedrooms 2	Water Supply
Pump Tank	N/A (gal)	PT	N/A	Date	N/A	System Description: 25% Reduction		☐ Business	No. Persons 4	☒ Private
Pump Make	N/A	Model	Tuffline	Serial #	EE4	Repair System Description: 50% Reduction		☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	2	Linear Ft:	240	Maintenance Agreement Required: ☐ YES ☒ NO		☒ Slab	☐ Crawl Space	☐ Community
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A	☒ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Install 25% Reduction on contour with serial distribution.

INITIAL SITE SKETCH



AS BUILT SKETCH

1" = 40

Installed Quick 4 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. **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: Gerald Kimmer Date: 4-9-15 Installed by: Steve Jordon

IMPROVEMENT PERMIT by: [signature] Date: 04/08/15 OPERATION PERMIT by: [signature] Date: 04/27/15

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 04/09/15 Existing System Inspected by: Date:

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