IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 113537 PIN# 4766 62 9443 DATE 1-5-06

OWNER OR CONTRACTOR Kimberly Mecimore PHONE: Business 704-873-1800 Home 828-635 [illegible]

ADDRESS Box 7226 Statesville NC 28687

LOCATION 21N TR Jane Sowers TL Old Mocksville TR Chesnut TR 7 Springs

SUBDIVISION 7 Spring Loop BLOCK / SECTION 1 LOT 33 LOT AREA 4.37 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 10 12 Date 3-3-06

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields ____ Square Feet 1440 Linear Feet 480

No Lines 6 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Conven - Gravity

Repair System Description: 25% pump

Maintenance Agreement Required: ☐ Yes ☐ No

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

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms ____ No. Employees ____

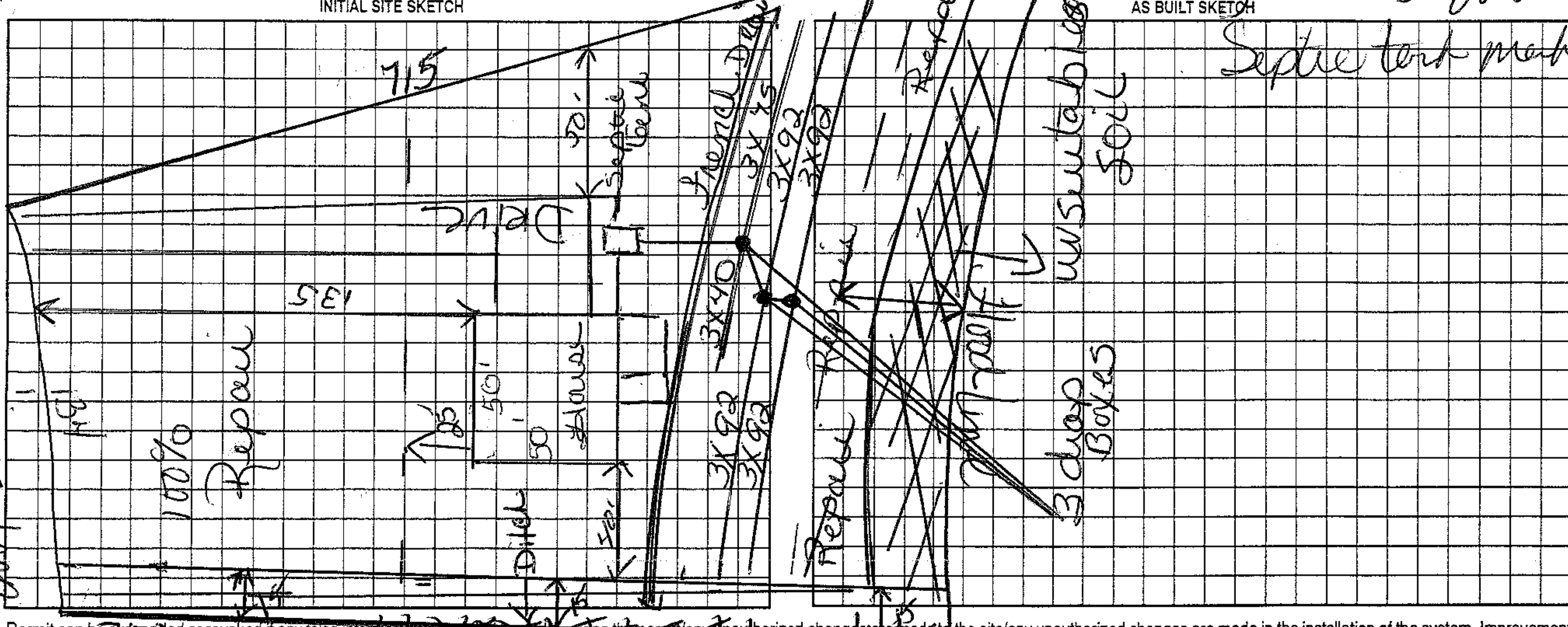
Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions:
* 24" Trench Bottom (max)
* Maintain all setbacks
* Install on contour

Comments:/Conditions:
* Trench Drain 48"
Yellow Suff Tile

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: Kim Mecimore date 1/6/06 Installed by: Steve Jordan

Improvement Permit by: Kelly Cook date 1-5-06 Operation Permit by: Kelly Cook date 10-10-06

Authorization to Construct by: Kelly Cook date 1-5-06 Existing System Inspection by: ____ date ____

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