IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 155543 PIN # 4822 ~~255053~~ 344954 DATE 3-26-09

OWNER or APPLICANT Chester W Kidd PHONE: Business Home: 704 840 7515

OWNER or APPLICANT ADDRESS 3900 Miranda Rd. Charlotte

LOCATION / DIRECTIONS Hwy 115N, site on rt, past Prospect Rd.

SUBDIVISION n/a BLOCK / SECTION n/a LOT # n/a LOT AREA 65.195 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank 1000 Gallons: STB 1012 Date 6-22-06

Pump Tank ____ Gallons: P T ____ Date ____

Pump Make ____ Model ____ Serial # ____

Nitrification Field No Fields 1 No Lines 4 Linear Feet 300

Trench Width 36" Max. Trench Bottom Depth 30" Gravel Depth n/a

☒ New System ☐ Repair ☐ Expansion System Type I II III IV V VI

System Description: 25% Reduction - Gravity

Repair System Description: 25% Reduction - Gravity

Maintenance Agreement Required ☒ YES ☐ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3 ☐ Business No. Persons ____ ☐ Other No. Employees ____

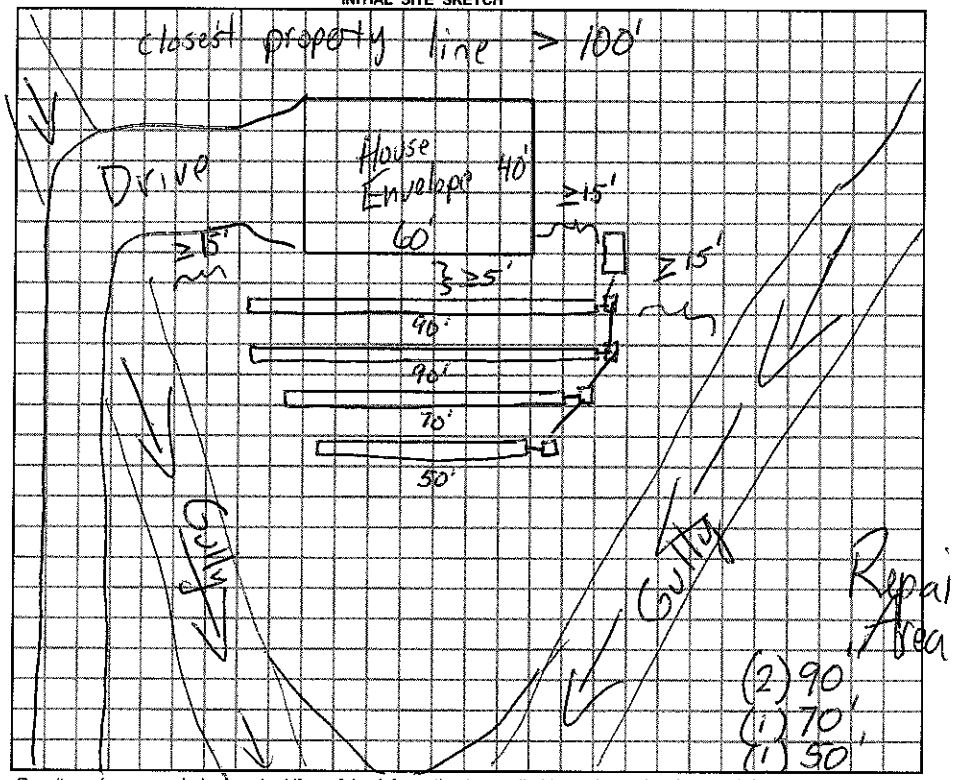
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions

Comments / Conditions

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 w / plat valid without expiration.* ☒ *IMPROVEMENT PERMIT w / 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 5-11-09

Improvement Permit by: [signature] Date 3-26-09

Authorization to Construct by: [signature] Date 3-26-09

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by: Groundbreakers

Operation Permit by: [signature] Date: 10-7-9

Existing System Inspected by: ____ Date: ____

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant