CI

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 093004 PIN# 4822 57 7840 DATE 11-27-00

OWNER OR CONTRACTOR ROBERT C. KIMMEL PHONE: Business ______ Home 528-5026

ADDRESS 115 KIMMEL DR., TROUTMAN, NC 28166

LOCATION NC 115 N, TR RUPARD ROAD, 1.1 MILE ON LEFT, 0.2 MILE OFF ROAD

SUBDIVISION ______ BLOCK / SECTION ______ LOT ______ LOT AREA 14.57 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT2

Septic Tank: 1000 Gallons; STB 312 Date 2-10-2000

Pump Tank: ______ Gallons; PT ______ Date ______

Pump Make: ______ Model ______ Serial No. ______

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines FOUR Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

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

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other ______

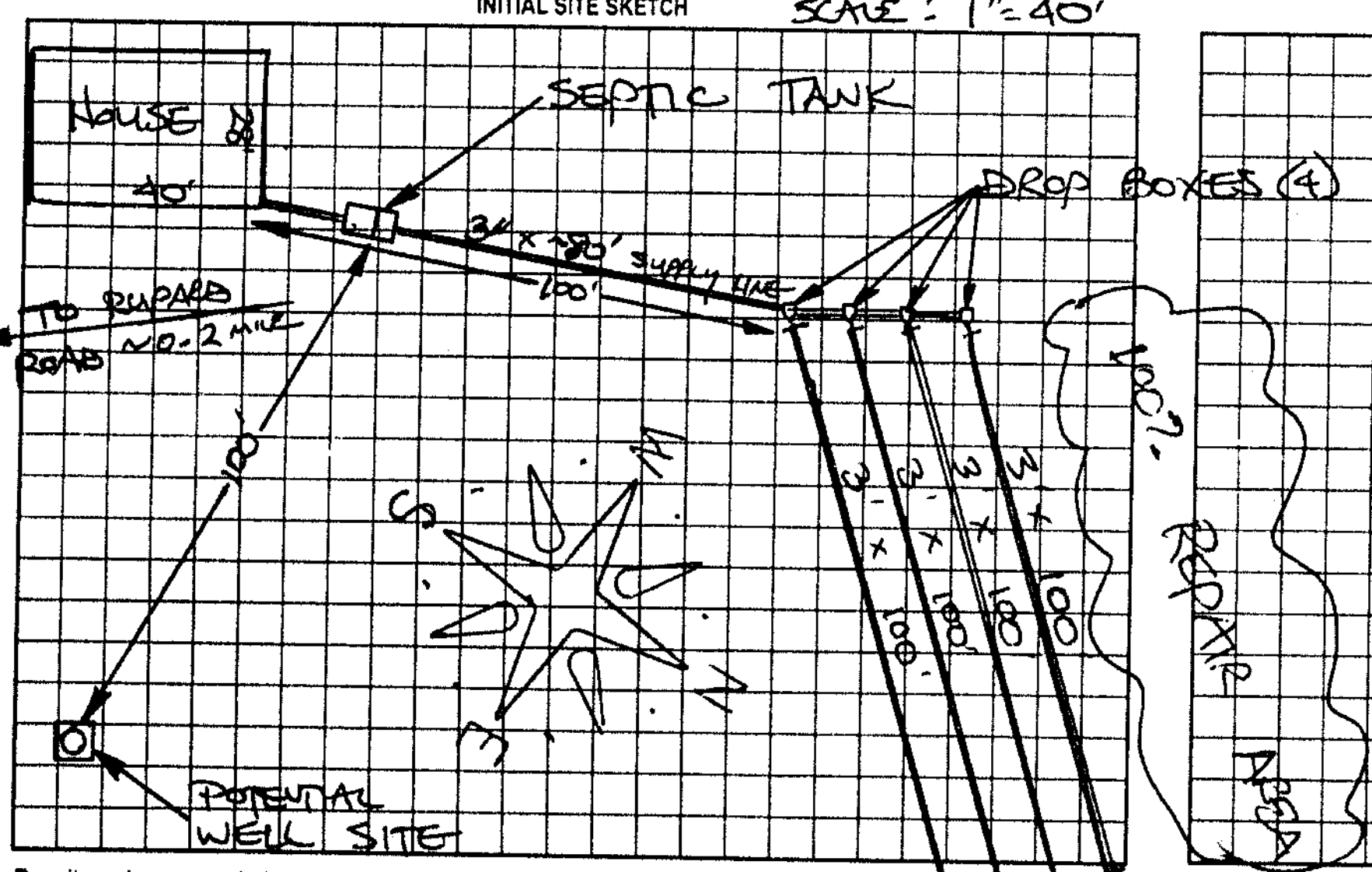
No. Bedrooms 2 No. Bathrooms 3 No. Employees ______

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

Comments/Conditions: ① KEEP SYSTEM MINIMUM 100 FEET FROM WELL ② INSTALL LINES NO DEEPER THAN 30", ON CONTOUR

Comments/Conditions: ZABEL FILTER & MARKER
NEED TO DROP THE DROP BOXES (L) 10-17-01
10-18-01 EVERYTHING OK

INITIAL SITE SKETCH SCALE: 1"=40'



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: [signature] date 11/27/00 Installed by: Atlantic Excavating

Improvement Permit by: STEVE HEDRICK date 11-27-00 Operation Permit by: [signature] RS date 10-18-01

Authorization to Construct by: STEVE HEDRICK date 11-27-00 Existing System Inspection by: ______ date ______

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