IREDELL COUNTY HEALTH DEPARTMENT - *ENVIRONMENTAL HEALTH* ☒ STATESVILLE OFFICE 704-878-5305 ☐ MOORESVILLE OFFICE 704-664-5281

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

PERMIT # 16463D PIN # 4872-00-9572 DATE 1-21-10

OWNER Dwayne Johnson APPLICANT: Michael Mitchell PHONE: Home/Cell # 704 902 1165 Business #

SITE ADDRESS 0 Kimmon Rd, across from 137 OWNER / APPLICANT ADDRESS

SITE DIRECTIONS 21N (L) on Little Wilkesboro (R) on Rabbit; go 2 miles (L) on Kimmon, at (R) on top of hill

SUBDIVISION n/a BLOCK / SECTION n/a LOT # n/a LOT AREA 9.545 DESIGN FLOW 360 L.T.A.R. .2

Septic Tank 1000 Gallons: STB 10-12 Date 4-7-10

Pump Tank ____ Gallons: P T ____ Date ____

Pump Make ____ Model ____ Serial # ____

No. Nitrification Fields: 1 No. Lines 4 Linear Feet (450) total

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

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

System Description: 25% Reduction

Repair System Description: 25% Reduction

Maintenance Agreement Required ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons ____

☐ Other No. Employees ____

☐ Slab ☐ Crawl Space

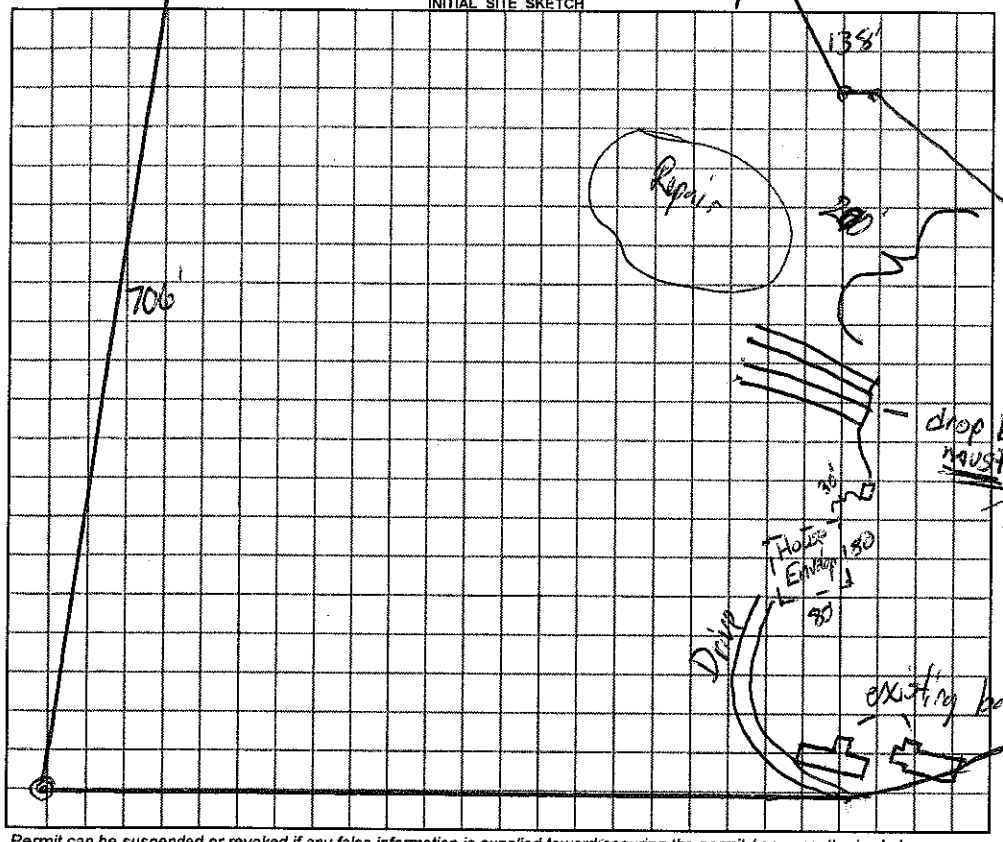
☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

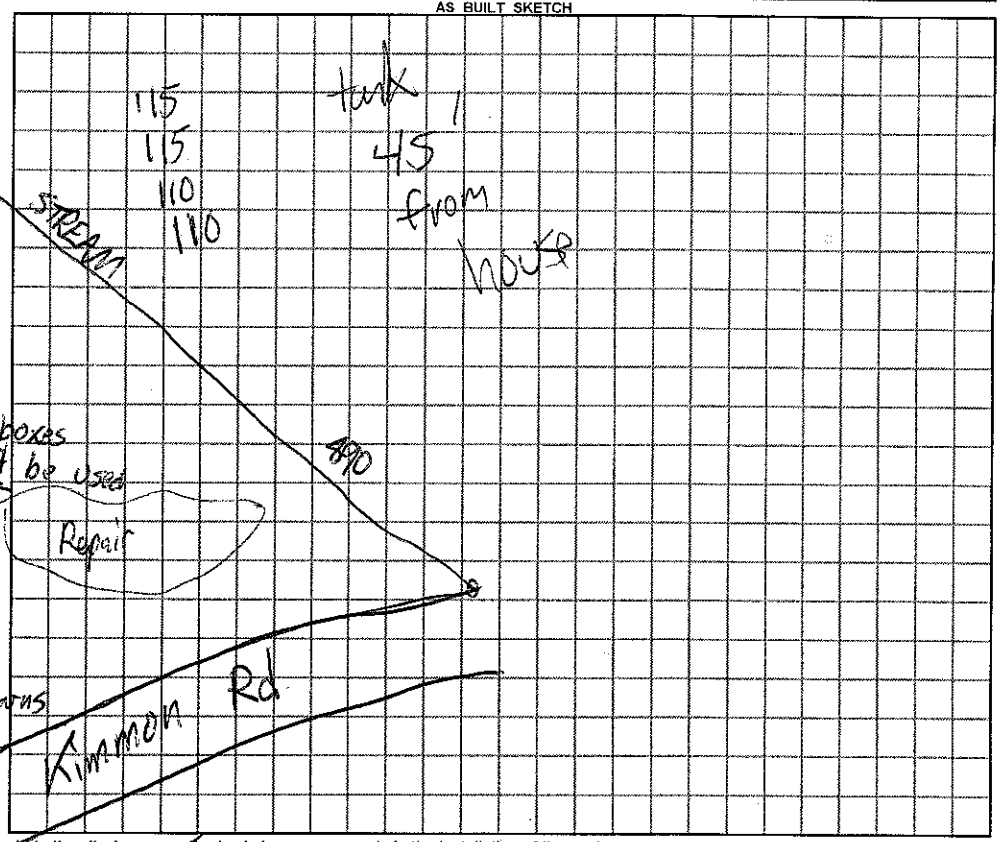
Comments / Conditions

Rod Polylock

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 plat valid ~~without expiration~~ for 60 mos. ☒ ***AUTHORIZATION TO CONSTRUCT*** valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: ____ Date ____

IMPROVEMENT PERMIT by: ____ REHS Date 1-21-10

AUTHORIZATION TO CONSTRUCT by: ____ REHS Date 3-7-11

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

Installed by: Groundbreakers

OPERATION PERMIT by: ____ REHS Date 5-16-11

Existing System Inspected by: ____ REHS Date ____

White Copy – Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant