# IREDELL COUNTY HEALTH DEPARTMENT

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

## IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 067336 DATE 6-27-97 TAX MAP NO. 4890018515 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR KEITH KIMMER PHONE: Business _____ Home 878-8903

ADDRESS 105 MACY LANE, STATESVILLE, NC 28677

LOCATION 4521 N TRN 901, TL GUILFORD RD, TL FOX HUNTER, ON LEFT AT (BEFORE) BOX #305

SUBDIVISION SPRING FOX RIDGE BLOCK / SECTION _____ LOT 15 LOT AREA 2.0 ACRES SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.33 gpd/ft²

Septic Tank: 1000 Gallons; STB 760 Date 9-8-97

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480

No Lines SIX Trench Width 36" Max Trench Bottom Depth 36" 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

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

No. Bedrooms 4 No. Bathrooms 3 No. Employees _____

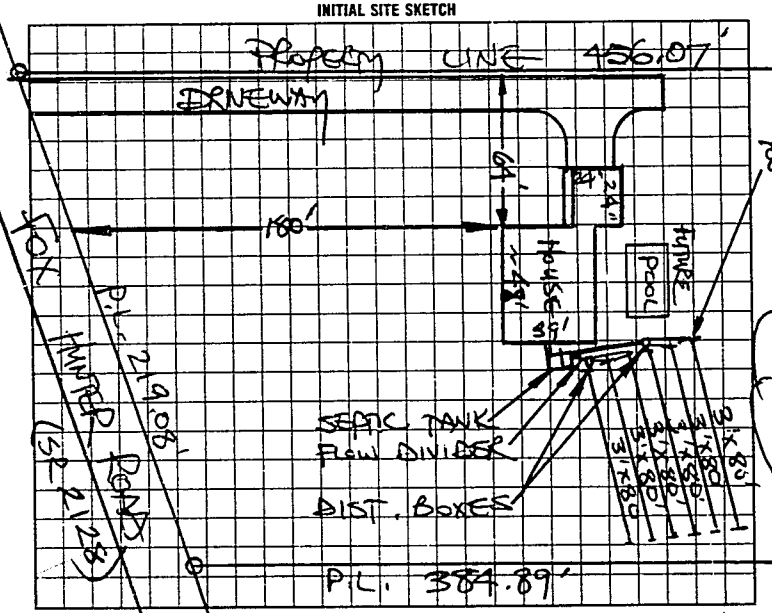
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☑ Public WELL

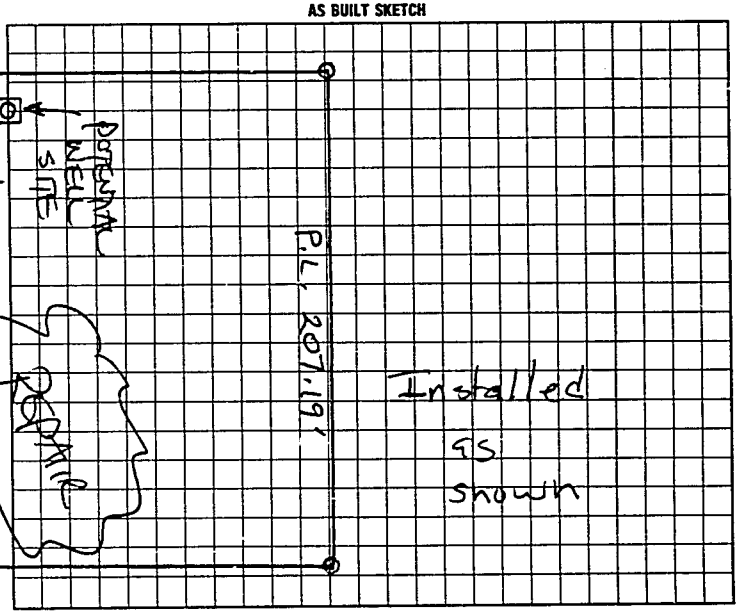
Comments: KEEP SYSTEM MINIMUM 100' FROM WELL

Comments: # well not installed at time of inspection

INITIAL SITE SKETCH




AS BUILT SKETCH




I understand that this 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 is valid for 60 months from date of issuance. AUTHORIZATION TO CONSTRUCT IS VALID FOR 60 MONTHS FROM DATE OF ISSUANCE.

Signed: Keith Kimmer Installed by: Billy Grimes

Improvement Permit by: STEVE HENDRICK date 6-27-97

Addition/System Inspection by: STEVE HENDRICK date 6-27-97

Certificate of Completion by: _____ date _____

Operation Permit by: Mary Coutts date 11-21-97

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

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