IREDELL COUNTY HEALTH DEPARTMENT

Authorization to Construct

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

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

PROPERTY DESCRIPTION NO. 21045 DATE 7/30/97 TAX MAP NO. 2B 5A 16 Watershed: ☒ Yes ☐

OWNER OR CONTRACTOR O T Phillips PHONE: Business 4634 984557 Home 896-7414

ADDRESS 235 Knotview Ln. Mooresville, NC, 28115

LOCATION Langtree TL 2nd Knotview to 16th lot on (R)

SUBDIVISION Kings Landing BLOCK / SECTION 1 LOT 16 LOT AREA .87 Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: Existing Gallons; STB ____ Date ____

Pump Tank: Existing Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1125 Linear Feet 375

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

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

System Description: Pres Man – Conventional

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3/4

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other ____

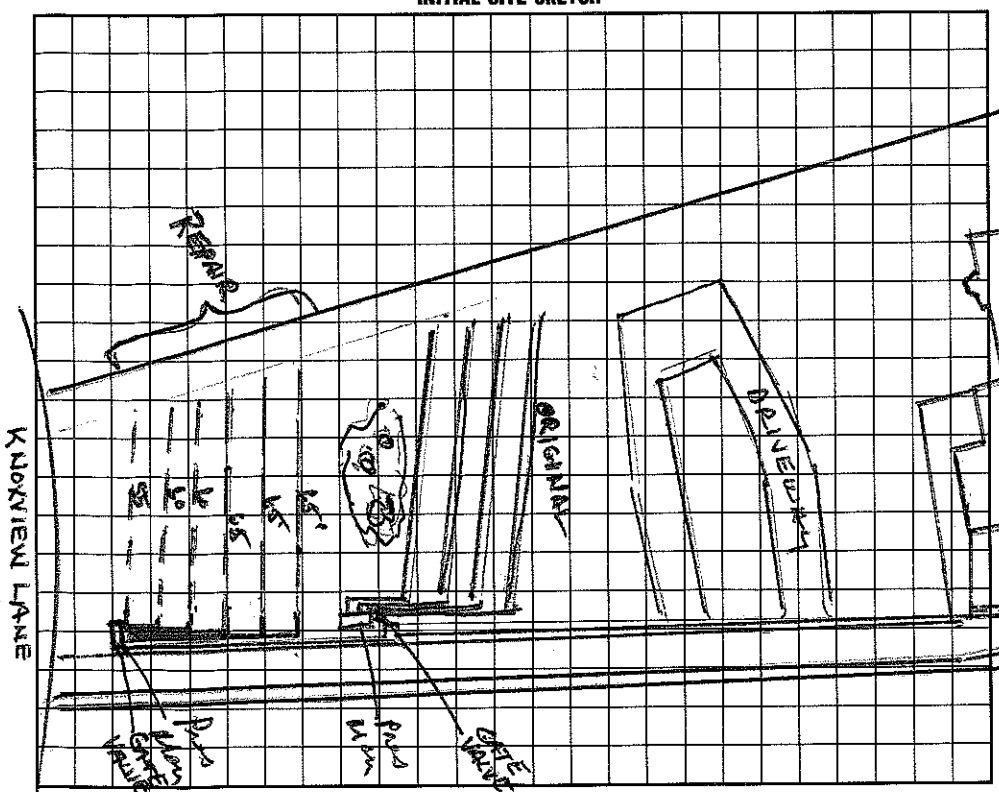
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Community ☐ Public

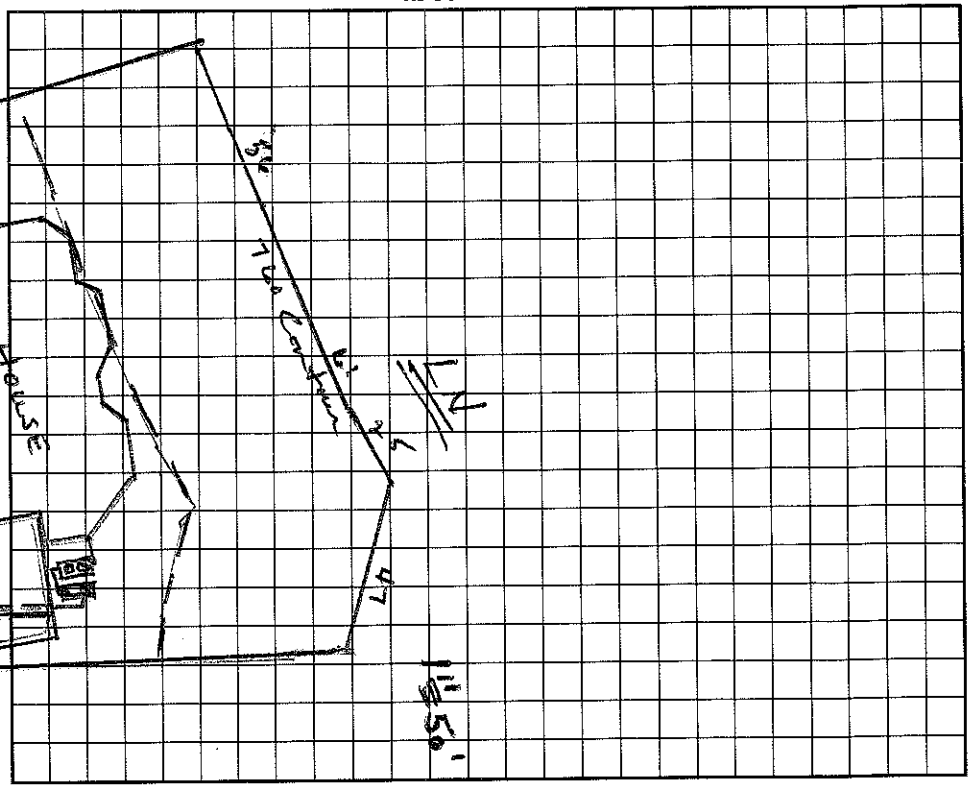
Comments:

Comments:

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.

Signed: ____

Installed by: MAYHEW

Improvement Permit by: Wesley Spencer R.S. date 7/31/97

Certificate of Completion by: ____ date ____

Existing System Inspection by: Wesley Spencer R.S. date 7/31/97

Operation Permit by: C. ____ date 9/2/97

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