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. 21173 DATE 5/23/95 TAX MAP NO. 2B 5B 55 Watershed: ☒ Yes ☐ No

OWNER OR CONTRACTOR Ronald Eller III PHONE: Business 875-0680 Home 4634-99-7280

ADDRESS PO Box 682 Mooresville, NC. 28115

LOCATION Knox Lee Ln. (Off Langtree Rd) 1st lot on R

SUBDIVISION Kings Landing BLOCK / SECTION ____ LOT 5.5 LOT AREA 23,120 SITE CLASS. P DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet ~~399~~ (533)

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Conv - shallow trench

Repair System Description: Conv - Panel

Maintenance Agreement Required: ☐ Yes ☐ No

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

No. Bedrooms 4 No. Bathrooms 2.5 No. Employees ____

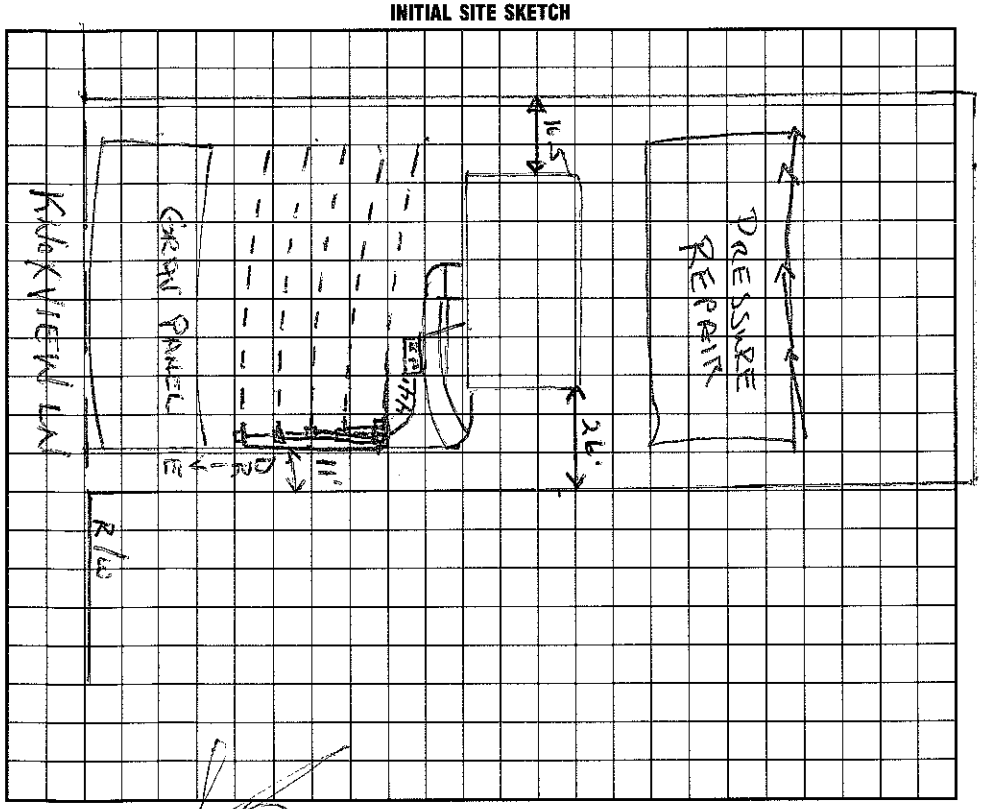
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Community ☐ Public

Comments: ~~399'~~ .25 reduction for shallow trench use

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: X

Improvement Permit by: Wesley Sparks R.S. date 5/23/95

Existing System Inspection by: ____ date ____

Installed by: Bobby Mayhew

Certificate of Completion by: Wesley Sparks R.S. date 8/25/95

Operation Permit by: ____ date ____

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