IREDELL COUNTY HEALTH DEPARTMENT

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

(4:00)

Jeff Beard - 346-72

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

PROPERTY DESCRIPTION NO. 19201 DATE 8/19/96 TAX MAP NO. 2N 1A 214 Waters

OWNER OR CONTRACTOR ~~Don Harwell~~ DAVID CASKEY PHONE: Business 4638121883 Home 663-1470

ADDRESS 120 Koinonia Drive Mooresville NC. 28115

LOCATION 150W TR Robinson Rd. TL on Koinonia Dr. (L) first drive 480

SUBDIVISION C L + T BLOCK / SECTION 11 LOT 214 LOT AREA ~1.5Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. ≈.3

Septic Tank: 1000 Gallons; STB 794 Date 1/28/97

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 534

No Lines 5 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

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

System Description: CONV - DIST BOX

Repair System Description: PRES - CONVENTIONAL

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

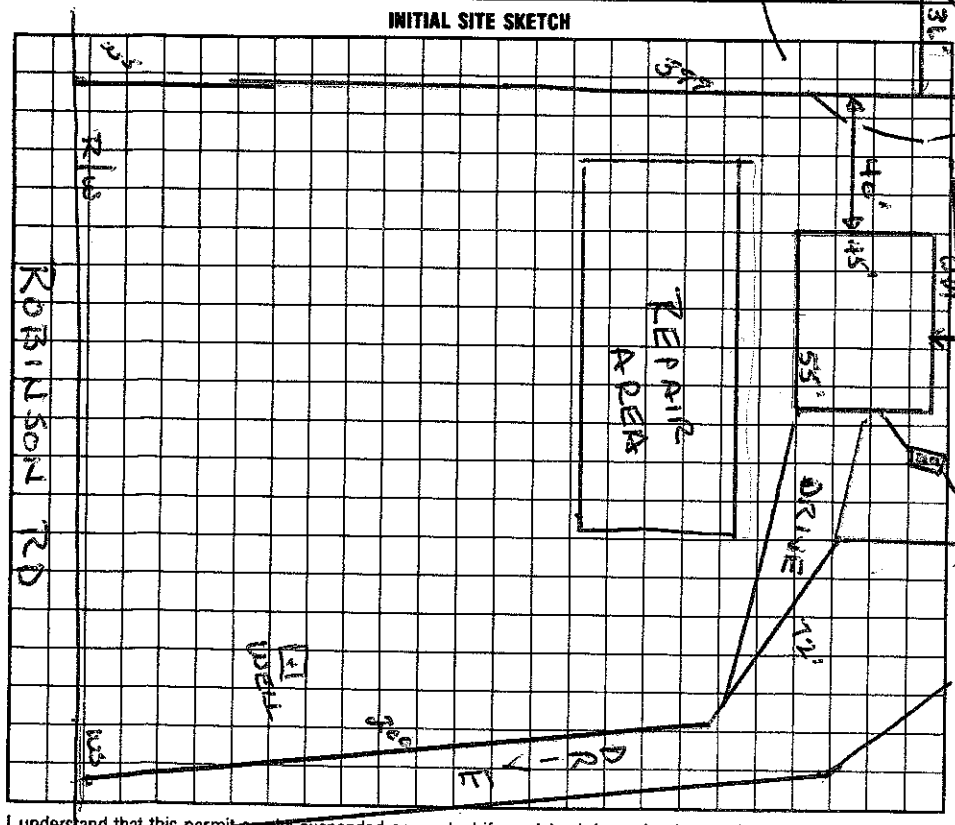
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

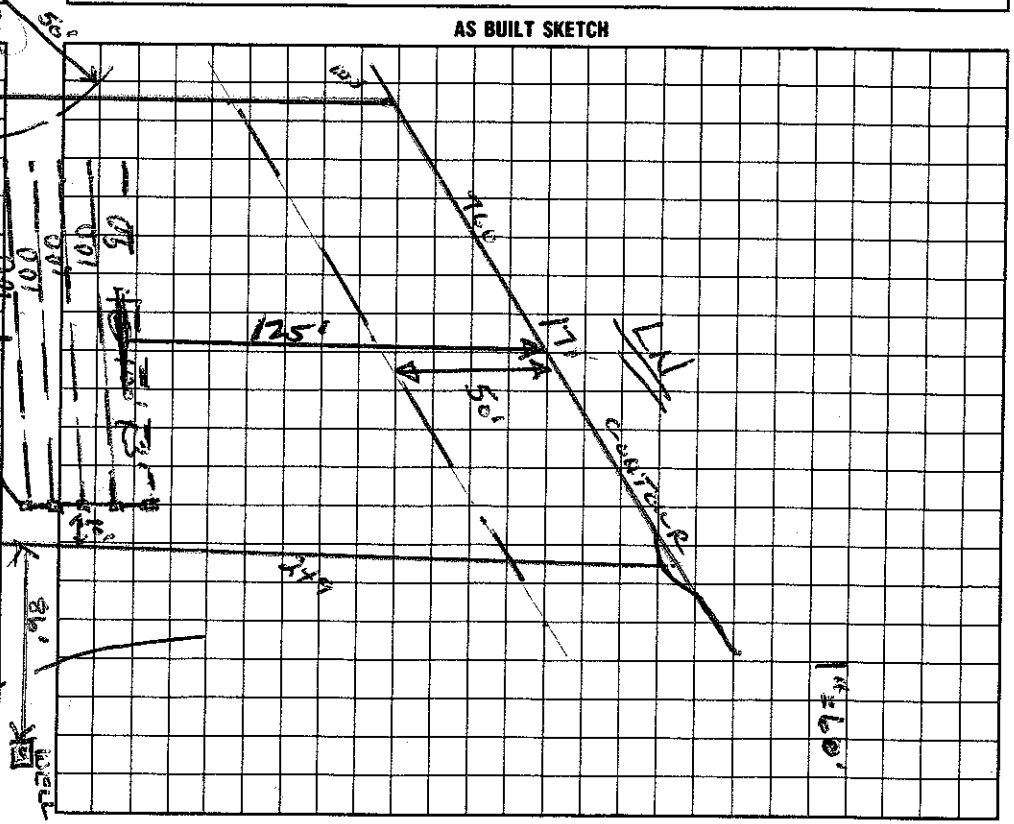
Comments:

Comments: UPPER 3 LINES CHECKED - 3/18/97

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.

Signed: X Don Harwell

Installed by: FJ ERVIN

~~Improvement~~ Permit by: Wesley Sparks RS. date 8/19/96

~~Certificate of Completion~~ by: _____ date _____

Inspection by: Wesley Sparks RS. date 11/25/96

Operation Permit by: C B Teem date 3/20/97

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