IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 138578 PIN# 4644080993 DATE 10-23-06

OWNER OR APPLICANT Jimmy Messer PHONE: Business 980 521-6881 Home 895-~~6993~~ 0945

ADDRESS 194 Knoxview Ln Mooresville NC 28117

LOCATION Langtree Rd TL 1st Knoxview on right before curve

SUBDIVISION Kings Landing BLOCK / SECTION ____ LOT 64 LOT AREA .55 Acre SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Existing

Septic Tank: 1500 Gallons; STB 829 Date 7/2/01

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 6 @ 67 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: Gravity-35% Reduction

Repair System Description: LP Panel Block

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 4 No. Persons ____ No. Employees ____

Water Supply: ☐ Individual ☒ Public ☒ Community

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

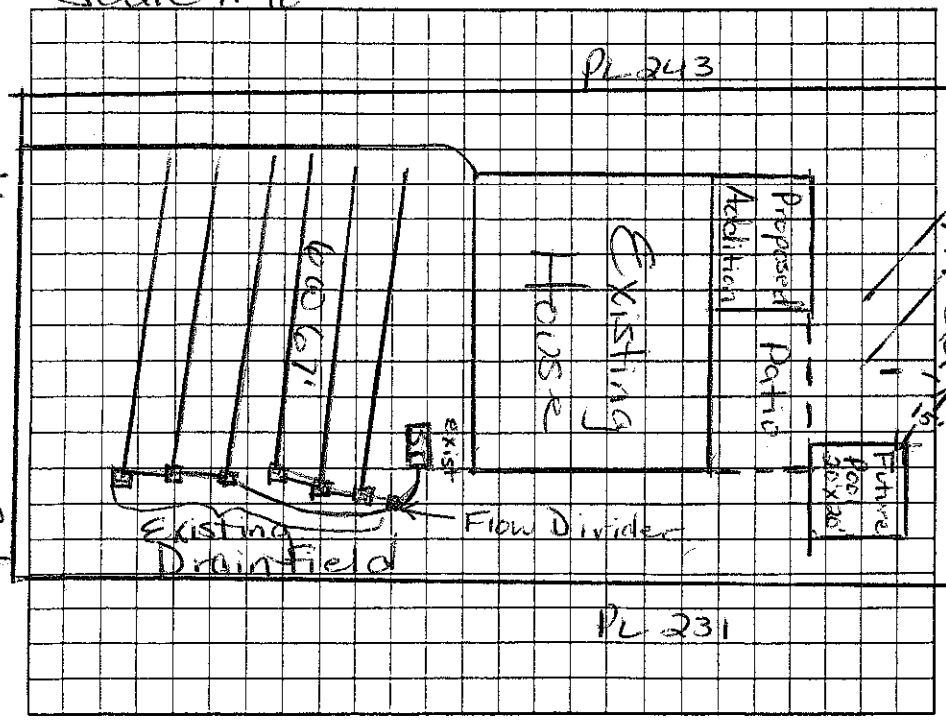
Comments/Conditions: Proposed Addition will not affect existing Septic System, number of bedrooms will remain 4 (as permitted) Repair will now be Panel Block

Comments/Conditions: Note: There's room for small future pool as drawn.

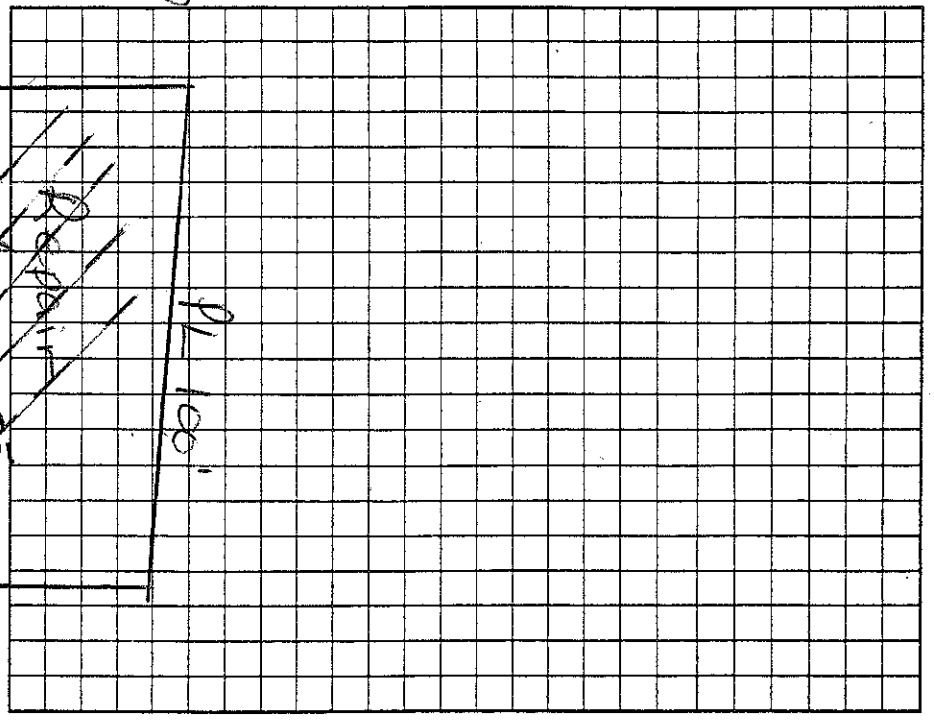
* Original permit attached.

Scale 1:40'

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 site plan valid for sixty months ☐ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: [signature] date 10/25/06 Installed by: ____

Improvement Permit by: Marie H. Dotson RS date 10/23/06 Operation Permit by: ____ date ____

Authorization to Construct by: Marie H. Dotson RS date 10/23/06 Existing System Inspection by: Marie H. Dotson RS date 10/23/06

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