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. 20102 DATE 1/20/95 TAX MAP NO. 2B-B-2 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Jay L Jackson PHONE: Business 4644-08-1405 Home 664-8815

ADDRESS 138 Molina Ln. Mooresville, NC. 28115

LOCATION Knotview Ln. (L) off Longfield Rd. toward water on (R) - waterfront

SUBDIVISION Kings Landing BLOCK / SECTION ____ LOT 9 LOT AREA 2.7 AC SITE CLASS. P DESIGN FLOW 480 L.T.A.R. .35

Septic Tank: 1600 Gallons; STB 1012 Date 9/18/97
Pump Tank: 1000 Gallons; PT 17 Date 7/26/97
Pump Make: ____ Model ____ Serial No. 480
Nitrification Field: No. Fields 1 Square Feet 1371 Linear Feet ~~480~~
No. Lines 7 Trench Width 24" Max Trench Bottom Depth 30" Gravel Depth 6" SAND

☑ New System ☐ Repair System Type: I ☐ II ☐ III ☑ V, VI
System Description: 480 Ft Pressure Panel Conv.
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3.5
☐ Business No. Employees ____
☐ Other ____

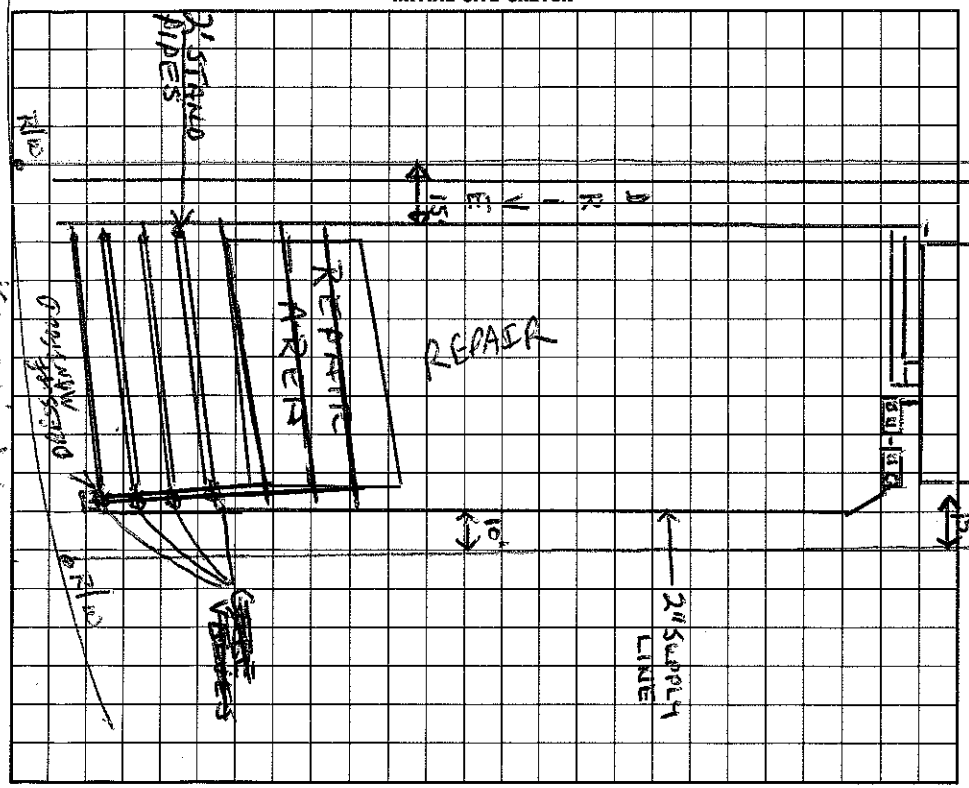
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☑ Community
☐ Public

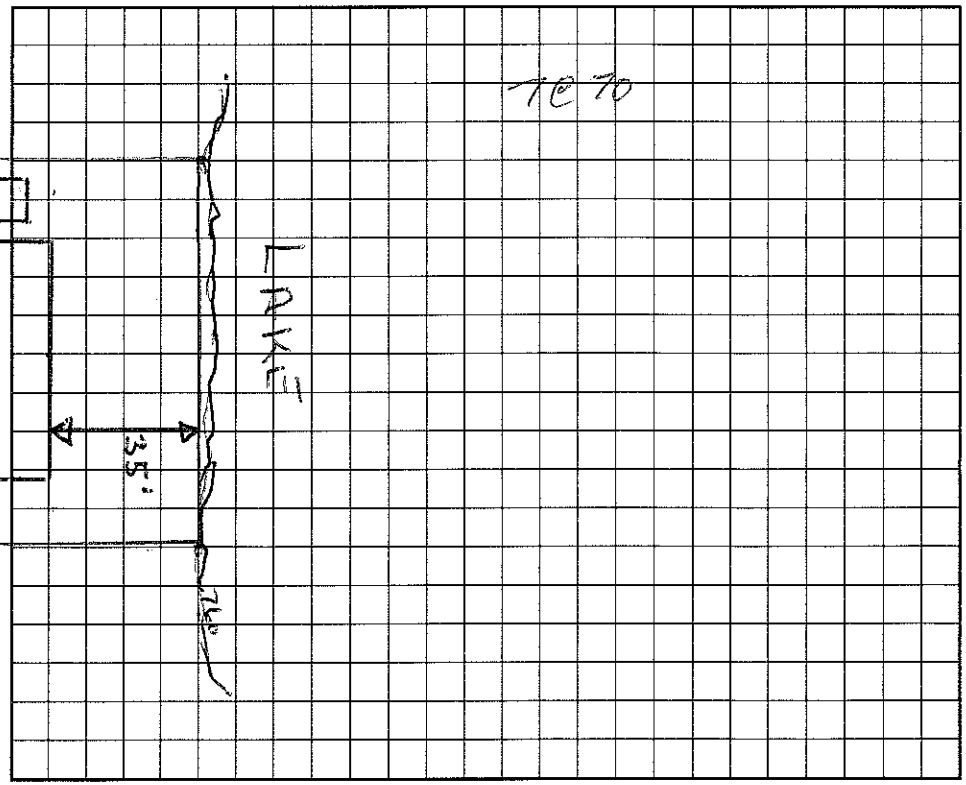
Comments: * 240 FT. 16" PRESSURE PANEL
MAXIMUM TRENCH DEPTH 30" - CONTOUR DRAINFIELD. - STAND PIPES AND VALVES IN BOXES WITH TIGHT LIDS

Comments:
10/10/96 Changed back to 480 feet conventional drainfield (7 LINES AT 70')

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: Ingella Jackson

Improvement Permit by: Wesley Sparks RS. date ____

Existing System Inspection by: ____ date ____

Installed by: RICHARD ASBERNATHY

Certificate of Completion by: ____ date ____

Operation Permit by: C. Bailey Zamm date 10/24/97

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