IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 79830 PIN# 4644082569 DATE 6/17/99

OWNER OR CONTRACTOR DAVID MOSS PHONE: Business _____ Home _____

ADDRESS 207 KNOXVIEW - MOORESVILLE NC 28115 207KNOXVIEWLN.

LOCATION 115S TR LANGTREE - TL 1ST KNOXVIEW - ON LT AT LAKE

SUBDIVISION KENES LANDING BLOCK / SECTION _____ LOT 7 LOT AREA .83AC SITE CLASS. PS DESIGN FLOW 450 gpd L.T.A.R. 35 gpd/ft =

Septic Tank: 1000 Gallons; STB 312 Date 5/23/00
Pump Tank: 1000 Gallons; PT 283 Date 5/8/00
Pump Make: EQUIP Model WEO 511 H Serial No. F002796
Nitrification Field: No Fields 1 Square Feet 1050 Linear Feet 350
No Lines 5@70' 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: PUMP 25% REDUCTION
Repair System Description: PUMP SAME
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees _____
☐ Other _____

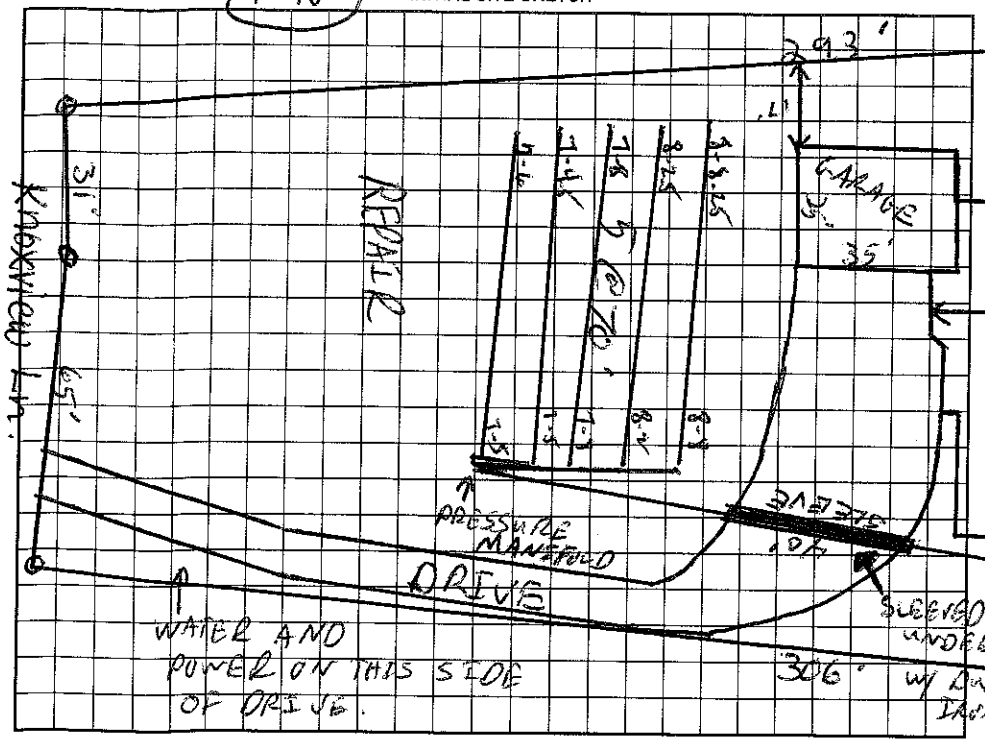
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ Community

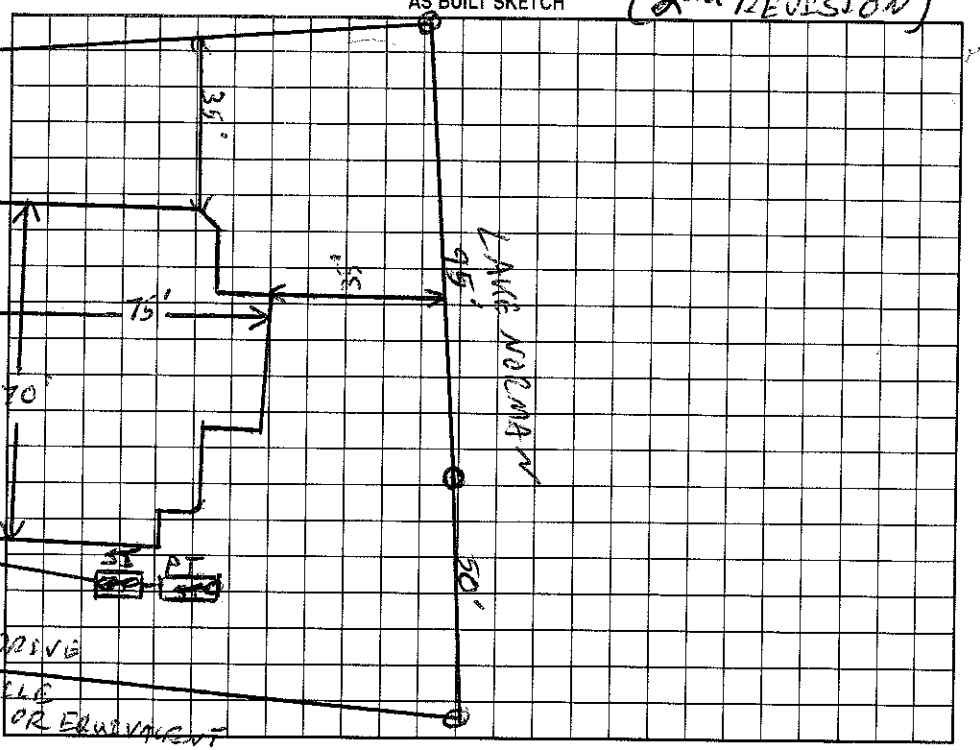
Comments:/Conditions: WHERE WATER LINE CROSSES SUPPLY LINE, WATER LINES SHALL BE ABOVE SUPPLY LINE, WITH 18" SEPARATION. IF 18" CANNOT BE ACHIEVED SUPPLY LINE SHALL STILL GO

Comments:/Conditions: [redacted] BELOW WATER LINE BUT SUPPLY LINE WILL HAVE DUCTILE IRON SLEEVE 10' EITHER SIDE OF WATER LINE.

1"=40' INITIAL SITE SKETCH



AS BUILT SKETCH (2nd REVISION)



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: David W [illegible] date 7/2/99 Installed by: FJ Erwin

Improvement Permit by: C. Bud Tomm RS date 6/17/99 Operation Permit by: Wesley Sparks RS. date 10/10/00

Authorization to Construct by: C. Bud Tomm RS date 6/17/99 Existing System Inspection by: _____ date _____

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