(9:30) (4:00)

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. 20436 DATE March 24 '95 TAX MAP NO. 2B5B6 4644 08 3629 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Howard N. Peabody PHONE: Business _____ Home 892-4336 WSII

ADDRESS 147 Knollview Lane Mooresville

LOCATION Langtree Road TL Kingfisher Lane

SUBDIVISION Kingsfordame BLOCK / SECTION _____ LOT 6 LOT AREA 0.77ac SITE CLASS. B per 1996 DESIGN FLOW 480gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 744 Date 8/6/97

Pump Tank: 1000 Gallons; PT 27 Date 8/8/97

Pump Make: Hydromatic Model _____ Serial No. _____

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

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: pump TO PRESS MAN/ INFILTRATOR

Repair System Description: LPPBPS

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees _____

☐ Other _____

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

Water Supply: ☐ Individual ☑ Community ☐ Public

Comments: Contractor note this layout is for infiltrator laterals w/ a pressure manifold

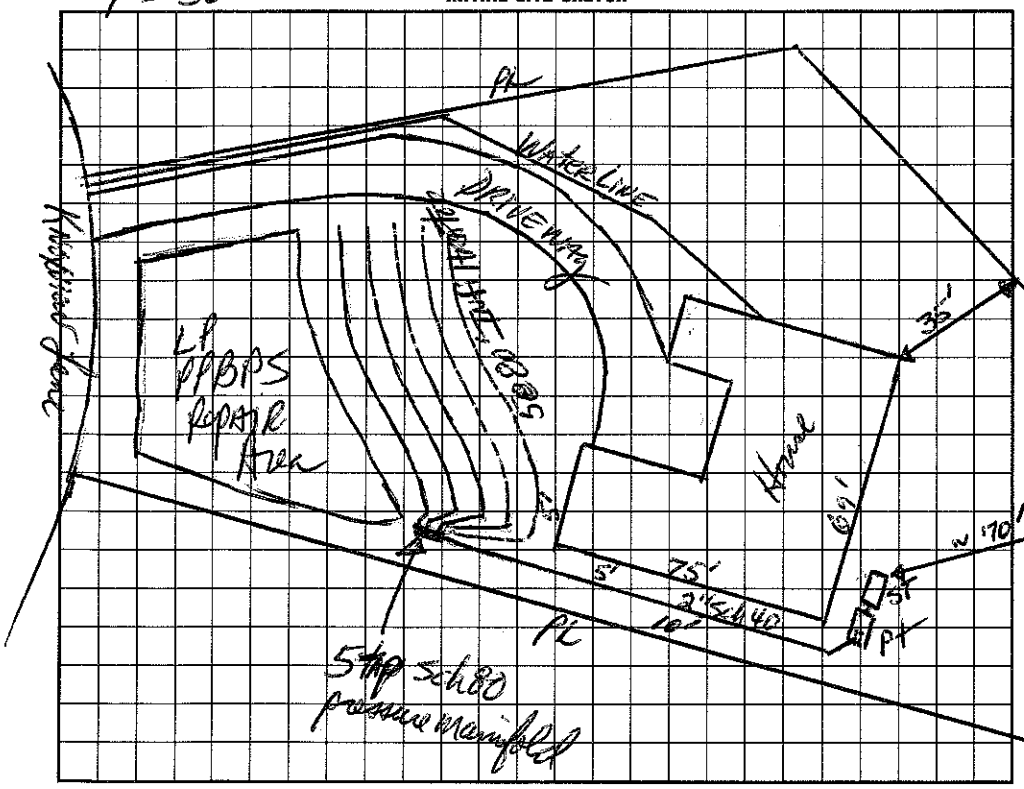
Comments: EXTRA LINE ADDED FOR REPAIR LINE

480 FT INSTALLED

LINE, TANKS CHECKED

1" = 50'

INITIAL SITE SKETCH



AS BUILT SKETCH

The proposed / existing POOL ADDITION addition does not appear to impact the existing septic system.

**NOTE: SURFACE WATER AWAY FROM TANKS

Wesley Sparks R.S.

Date: 6/12/09

ICHD-Environmental Health Division

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: Cathy N. Peabody

Improvement Permit by: _____ RS date 3/24/95

Existing System Inspection by: _____ date _____

Installed by: TIM AMMONS

Certificate of Completion by: _____ date _____

Operation Permit by: C. Brady Keen RS date 1/13/98

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