IREDELL COUNTY HEALTH DEPARTMENT

Authorization to Construct

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

IMPROVEMENT PERMIT / ~~CERTIFICATE OF COMPLETION~~ / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 65730 DATE 4/5/97 TAX MAP NO. 4644083983 Watershed: [X] Yes [ ] No

OWNER OR CONTRACTOR Joe Nemechek PHONE: Business _____ Home _____

ADDRESS 195 Knollview Lane Mooresville, NC. 28115

LOCATION Langtree TL 1st Knollview Lane 4th on (L) entering Kings Landing

SUBDIVISION Kings Landing BLOCK / SECTION _____ LOT 4 LOT AREA .8AC SITE CLASS PS DESIGN FLOW 480 L.T.A.R. .25

Septic Tank: 1200 Gallons; STB 868 Date 7/8/97

Pump Tank: 1200 Gallons; PT 40 Date 7/14/97

Pump Make: ZOELLER Model 4293 Serial No. _____

Nitrification Field: No. Fields 1 Square Feet 1470 Linear Feet 490*

No. Lines (10) 8 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth SAND.

[X] New System [ ] Repair System Type: I, II, (III) IV, V, VI

System Description: Pres Man — Ch. Plastic

Repair System Description: Same

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 4

[ ] Mobile Home No. Bathrooms 4.5

[ ] Business No. Employees _____

[ ] Other _____

[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [ ] Individual [X] Community [ ] Public

Comments: * Chambered Plastic = 25% reduction in required footage - Pressure Manifold required

Comments: 4 — 65 13-8 5-3 12

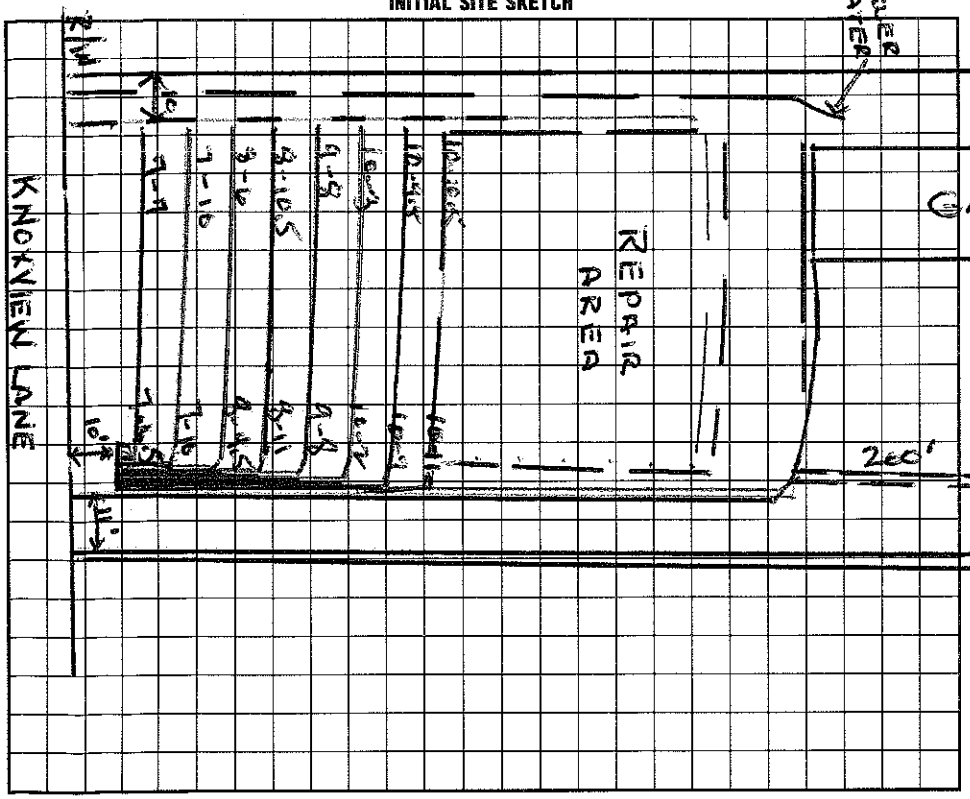
4 — 69 8-3 .20

9,16 - 20' 18-5 3.40

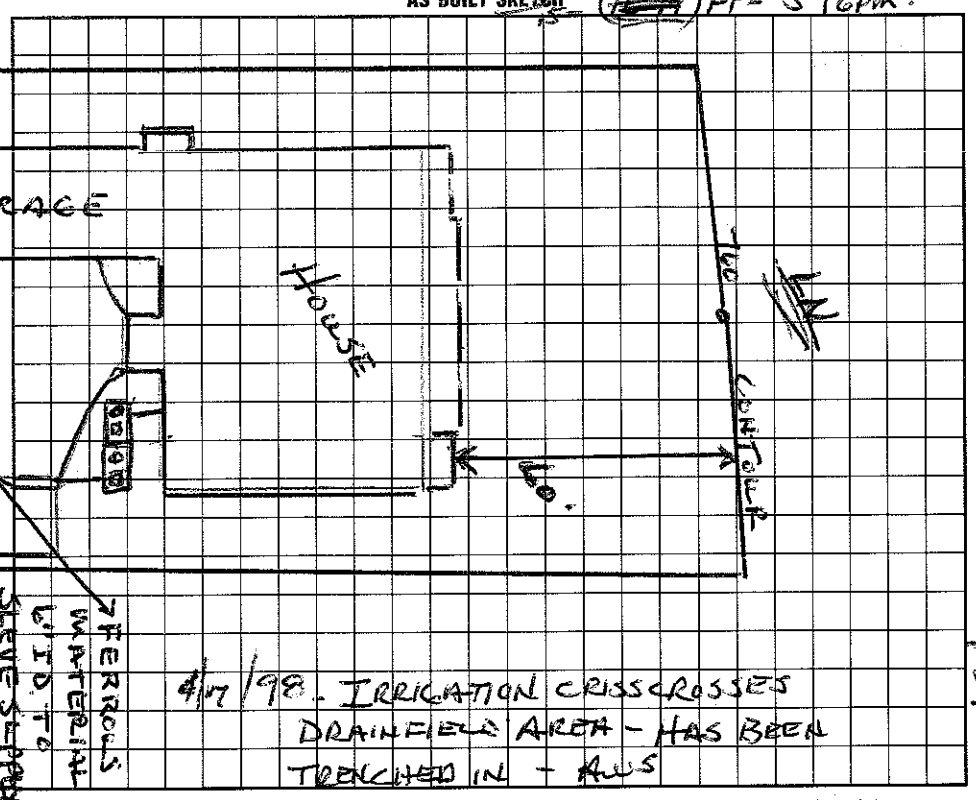
4.0 4-0

11.5 12 25'

INITIAL SITE SKETCH



AS BUILT SKETCH (FT - 576pm.)



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: Teresa Brown Smith, Spivey Construction Installed by: B+M Enterprises

Improvement Permit by: Wesley Sparks RS date 4/5/97 Certificate of Completion by: Wesley Sparks RS. date 4/7/98

Authorization to Construct Wesley Sparks RS date 4/5/97 Operation Permit by: Wesley Sparks RS. date 4/7/98

Existing System Inspection by: _____ date _____

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