IREDELL COUNTY HEALTH DEPARTMENT

Authorization to Construct

2.00

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

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

PROPERTY DESCRIPTION NO. 22690 DATE 4/11/96 TAX MAP NO. 2B 5 B 191 4644 093073 Watershed: [X] Yes [ ] No

OWNER OR CONTRACTOR John Bouterse PHONE: Business _____ Home 896-0247

ADDRESS 153 South Haven Dr. Mooresville, NC. 28115

LOCATION Langtree Rd. TL Knoxbridge at Langtree entrance thru dip to 3RD lot on (L)

SUBDIVISION Kings Landing BLOCK / SECTION _____ LOT 3 LOT AREA .75 AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Dellinger Date 7-19-96

Pump Tank: 1000 Gallons; PT 27 Dellinger Date 8-3-96

Pump Make: LIBERTY Model LE71A Serial No. 8249

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 535

No Lines 7 Trench Width 36" Max Trench Bottom Depth 30-32" Gravel Depth _____

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

System Description: Pre Manifold 4" - Conventional

Repair System Description: PreMan - Chan. Plastic

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home [ ] Mobile Home [ ] Business [ ] Other

No. Bedrooms 4 No. Bathrooms 3.5 No. Employees _____

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

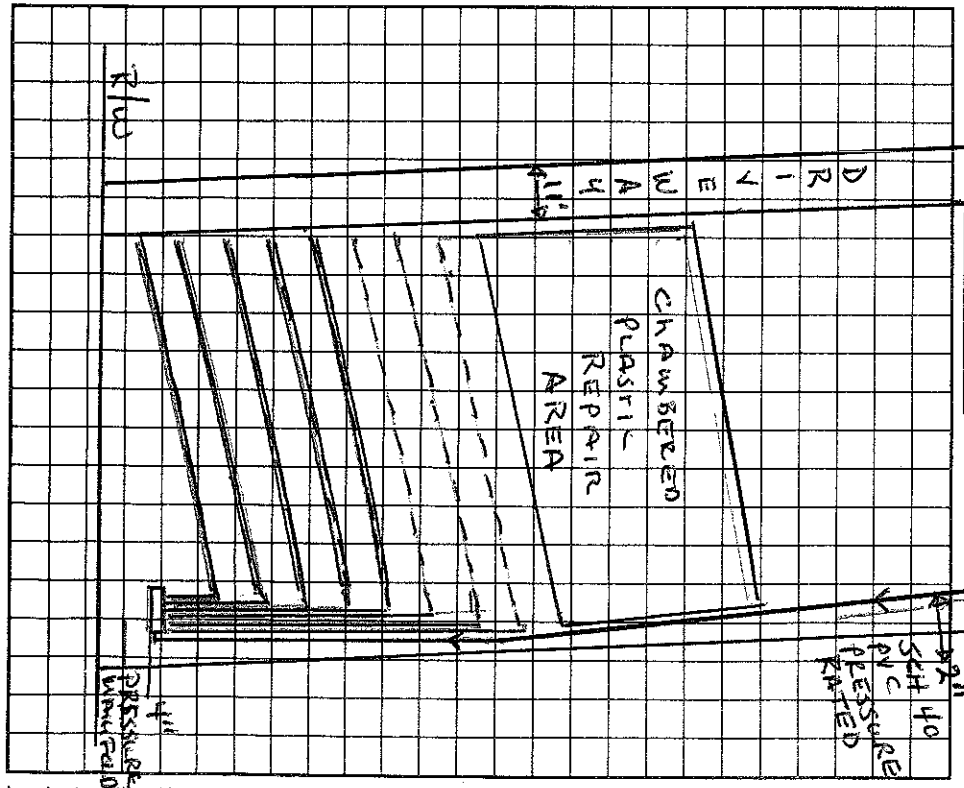
Water Supply: [ ] Individual [X] Community [ ] Public

Comments: 4" Sch 80 PVC Manifold in protective box 1/2" taps on 6" centers -

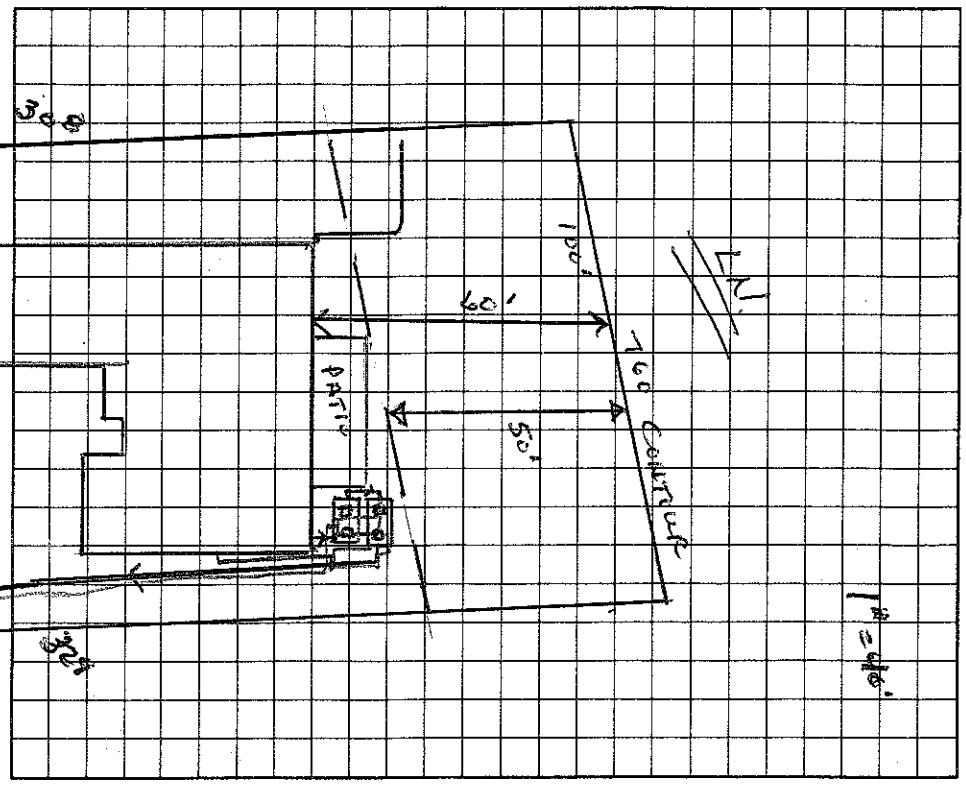
Comments: (MAY CHANGE TO CHAMBERED) & 50' REDRAW REQUIRED 400' chambered (7 LATERALS AVG 55-65' each)

400 .1 = 160 DOSE

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.

Authorization to construct valid 5 years.

Signed: Carolyn Walker

Installed by: Tim Ammons

Improvement Permit by: _____ date _____

Existing System Inspection by: ~~Authorization to Construct~~ Wesley Sparks RS date 4/12/96

Certificate of Completion by: _____ date _____

Operation Permit by: Wesley Sparks RS. date 10/2/96

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