4645 28 3577 - 1830 pm.

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. 1913 DATE June 29, 94 TAX MAP NO. part of 2645 Watershed: ☑ Yes ☐ No LN

OWNER OR CONTRACTOR Michael Scott McKnight PHONE: Business _____ Home _____

ADDRESS Rt 2, Box 510 Mooresville

LOCATION 1108 TR Lynn Cove Rd 1st site on Right

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 100x217 SITE CLASS. IS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Kellogg Date 10/19/94

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 4-5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: gravity conventional

Repair System Description: grav/pumped conv

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

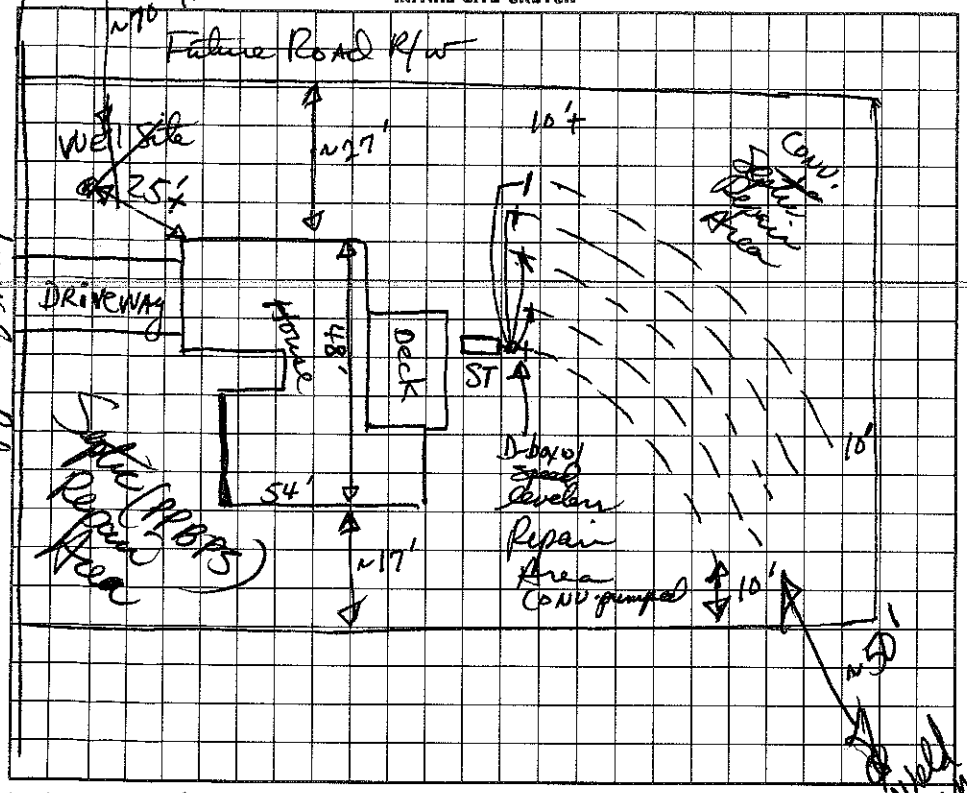
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

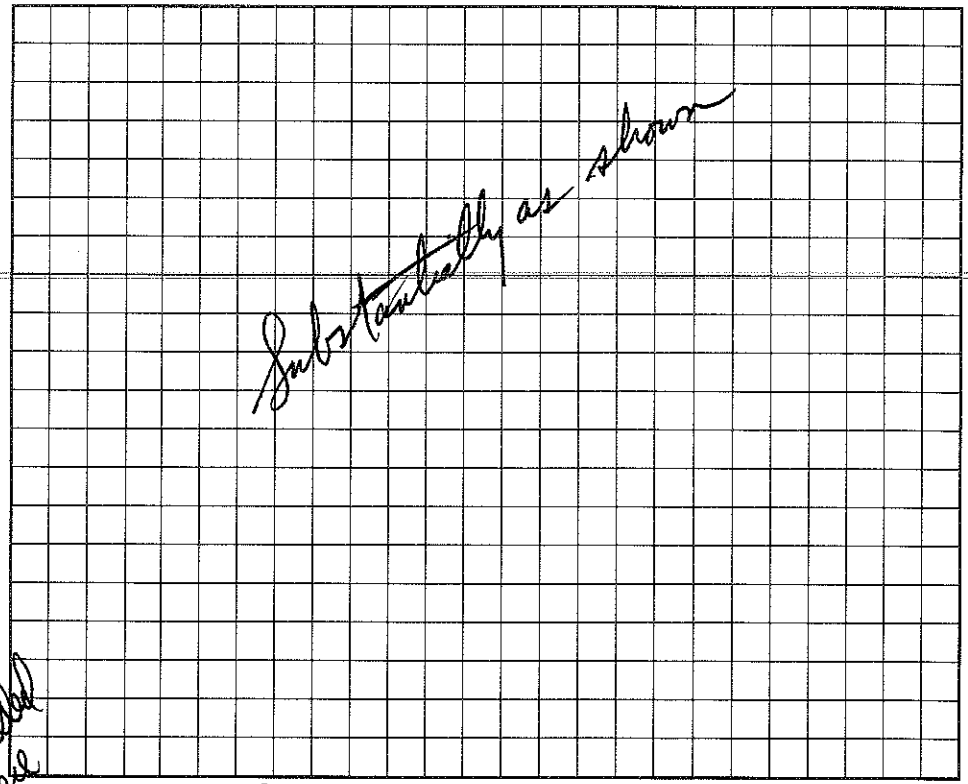
Comments: follow contour w/ laterals. System may be able to be installed in 4 trenches.

Comments: Well installed on parents property due to problems getting water. Repair area now in front yard

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: _____

Improvement Permit by: David R. Hinson / RS date 6/29/94

Existing System Inspection by: _____ date _____

Installed by: _____

Certificate of Completion by: D R Hinson / RS date 12/13/94

Operation Permit by: _____ date _____

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