IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

Old # 150323

PERMIT # 207833

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

PIN # 4646-41-3966.000

APPLICANT: Kay Kelly APPLICANT ADDRESS: PO Box 3276 Mooresville NC 28117

SITE ADDRESS: 106 Knox Haven Ln. Mooresville NC PHONE: 704-936-7874 ALT. PHONE:

SITE DIRECTIONS: Exit 33 To Arcove, Tr Catalina, Tr Knox Haven, 1st Lot on R

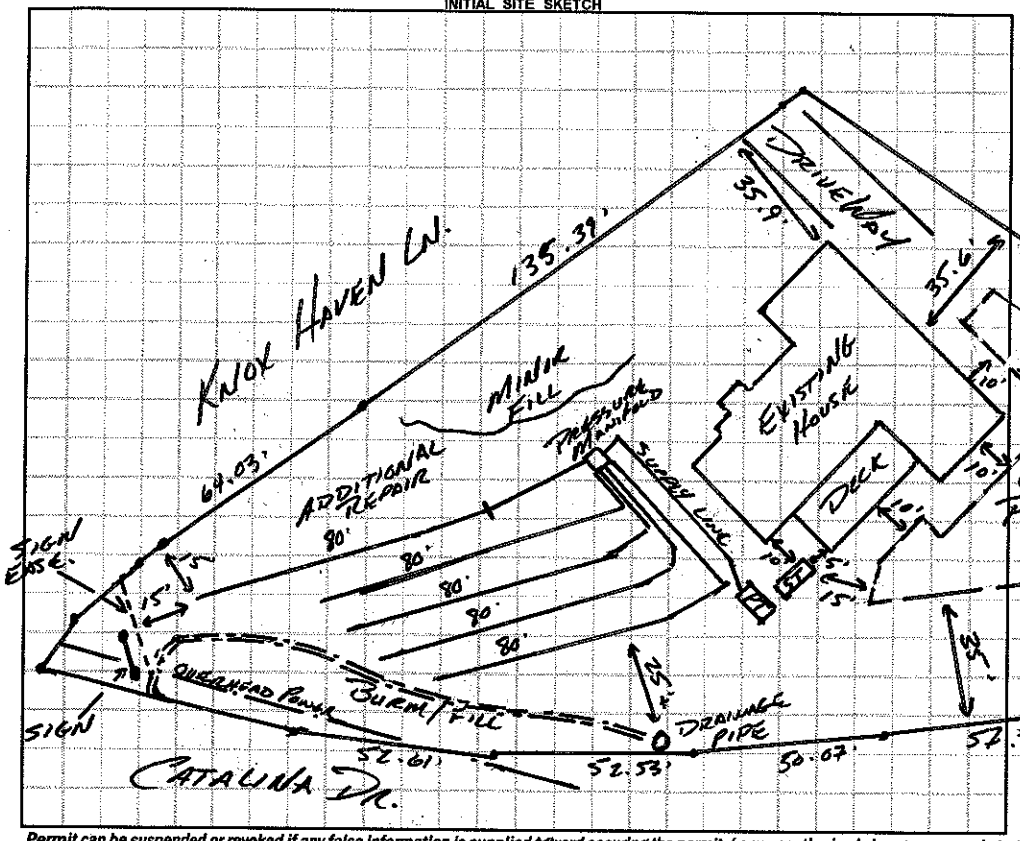
SUBDIVISION: Knox Haven SECTION: P2 LOT # 10 LOT AREA: .96 Acre DESIGN FLOW: 480 GPD L.T.A.R.: .3

Septic Tank	1000	(gal)	STB	1612	Date	9-24-15	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000	(gal)	PT	17	Date	17-16	System Description: 25% Reduction - Pump				☐ Business	No. Persons	8	☐ Private
Pump Make	Gould's	Model	WE0312MU	Serial #			Repair System Description: LP-PPBPS				☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	5 @ 80'	Linear Ft:	400'		Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space		☒ Community
Trench Width	36"	Max. Trench Bottom Depth	20"-34"	Gravel Depth	N/A			☐ GRAVITY	☒ PRESSURE		☒ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Maintain 10' from Basement wall with Supply Line & 15' with Drainfield until Septic Lines will be below Foundation Drain Elevation.

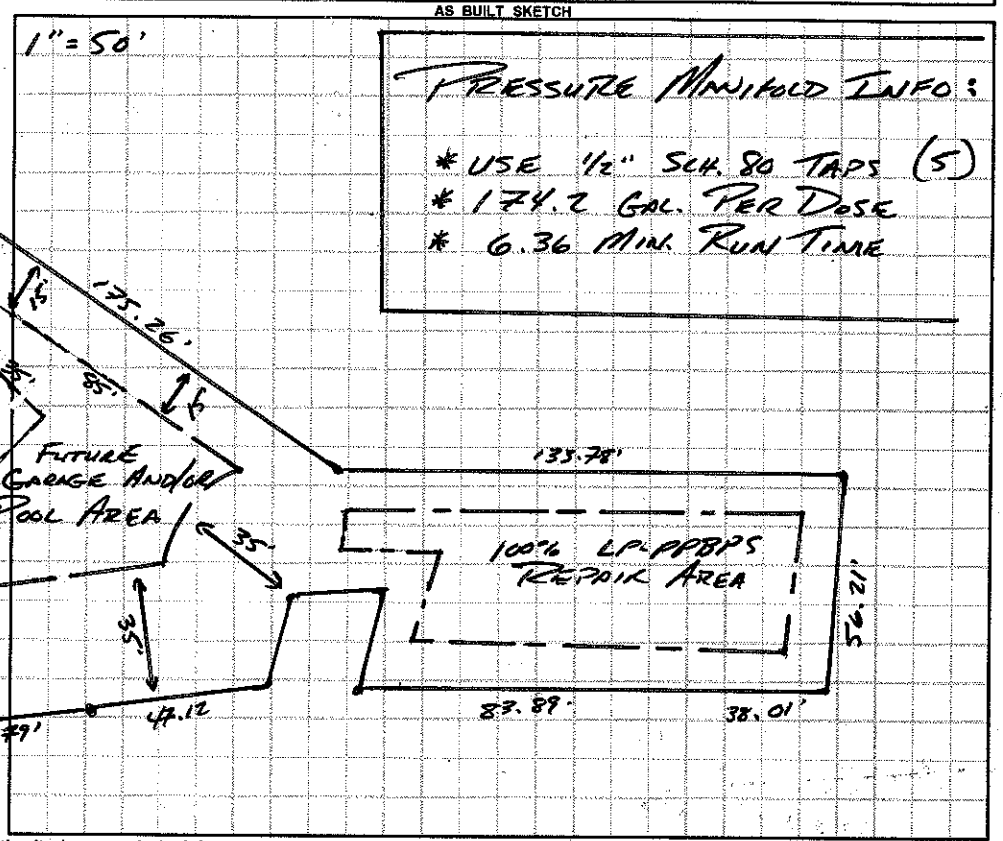
10-7-16 JA Checked Tanks & Lines & PM

INITIAL SITE SKETCH



AS BUILT SKETCH

1" = 50'



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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** ~~with plat~~ valid without expiration. ☒ **IMPROVEMENT PERMIT** *with site plan* valid for 60 mos. ☒ **AUTHORIZATION TO CONSTRUCT** valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Kay Kelly Date: 5/5/2016 Installed by: Steve

IMPROVEMENT PERMIT by: APPROVED APR 21 2016 OPERATION PERMIT by: Maria Stevens KS Date: 6/10/16

AUTHORIZATION TO CONSTRUCT by: APPROVED APR 21 2016 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK