Site Address: 119 Knox Haven Ln

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 142576 PIN# 4646 41 4556 DATE 5/3/07

OWNER OR APPLICANT Frederic Thiercbach PHONE: Business _____ Home _____

ADDRESS 110 Rocky Hollow Mooresville, NC. 28117

LOCATION Williamson Rd. TR Alcom TR Catkins TL Knox Haven Ln. on (L) at cul de sac

SUBDIVISION KNOX HAVEN BLOCK / SECTION _____ LOT 3 LOT AREA .58 SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 794 Date 7-16-13

Pump Tank: 1000 Gallons: PT 38 Date 8-19-13

Pump Make: ½HP Gould Model WE05 Serial No. _____

Nitrification Field: No Fields 1 Square Feet 801 Linear Feet 267

No Lines 6 Trench Width 3' Max Trench Bottom Depth 3'

☒ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI

System Description: LP - 16" PPBPS

Repair System Description: SAME

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

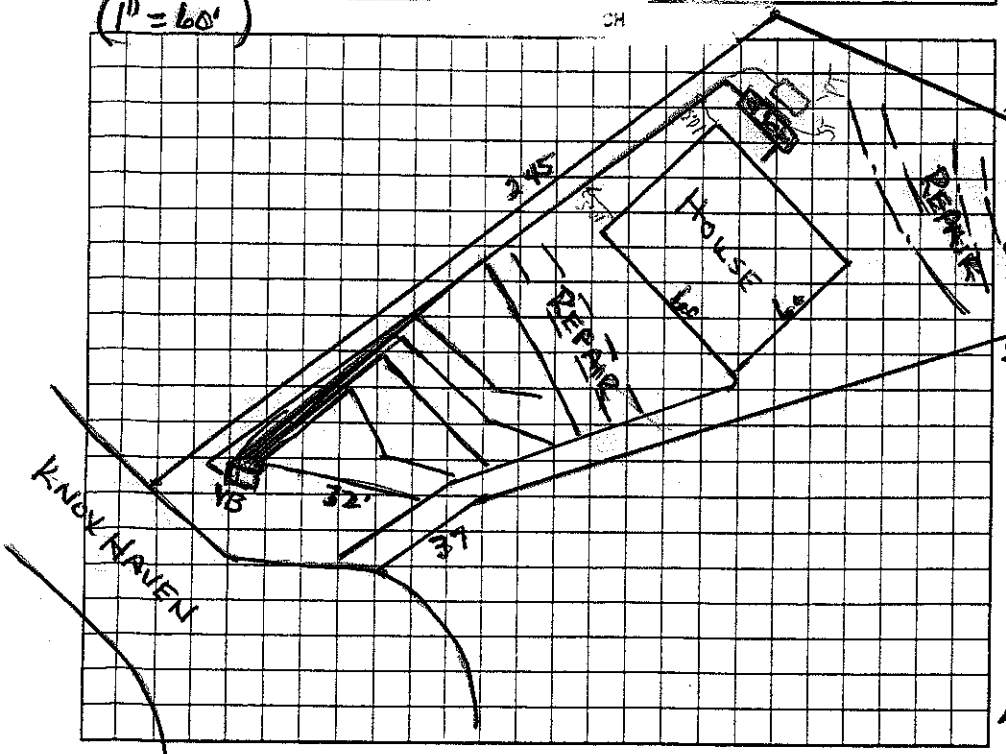
Water Supply: ☐ Individual ☒ Public ☒ Community

Gravel Depth NA ☐ Gravity ☒ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

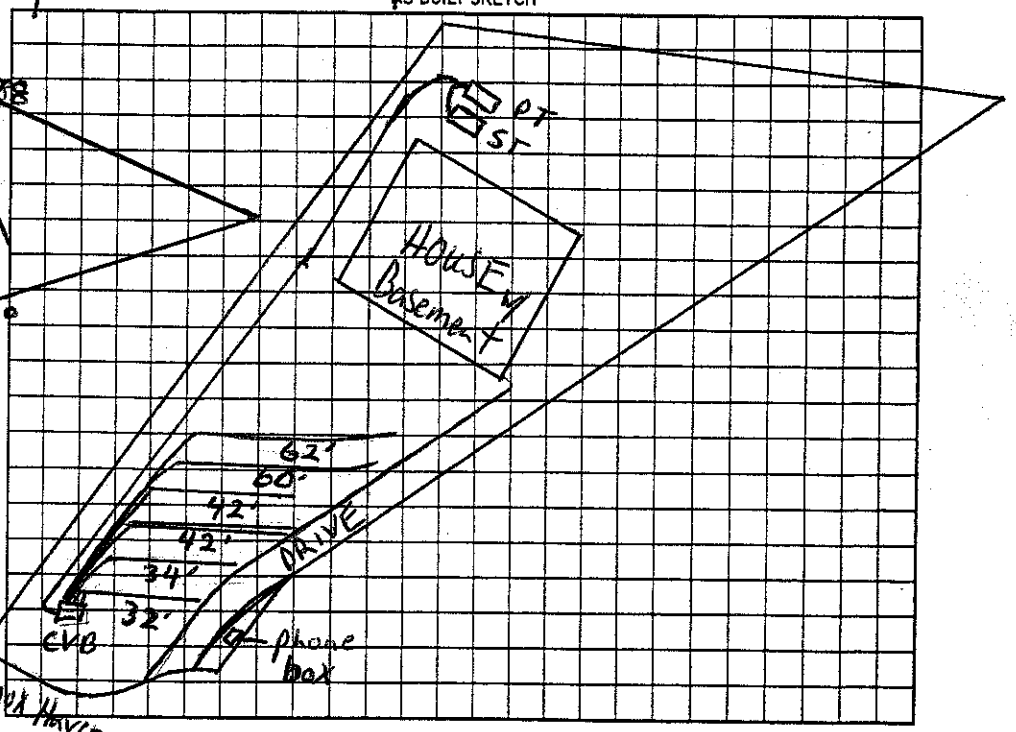
Comments:/Conditions:

Comments:/Conditions: House was constructed w/ a walk out Basement
5/32" hole drilled
4/22/14 Set 2# pressure, elect. & alarm

(1" = 60')



AS BUILT SKETCH



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 with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☐ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: X R Myers date _____

Improvement Permit by: Wesley Sparks RS date 5/3/07

Authorization to Construct by: C. S date 9/6/13

Installed by: Ground Breakers RS

Operation Permit by: Marcia Wilson date 5/5/14

Existing System Inspection by: _____ date _____

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