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. 068843 DATE 10-8-97 TAX MAP NO. 4646471496 Watershed: ☒ Yes ☐ No

OWNER OR CONTRACTOR Jeffrey A. Koons PHONE: Business 596-6226 ~~Home~~ Pager (858) 986-4504

ADDRESS 8008 Shadow Oak #525 Charlotte, NC 28269

LOCATION Sundown Tr on Brookway TR on Elysian lot on left

SUBDIVISION Moorland East BLOCK / SECTION ____ LOT 360 LOT AREA .46 Acres SITE CLASS PS DESIGN FLOW 240gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 10/30/98

Pump Tank: 1000 Gallons; PT 27 Date 12/19/98

Pump Make: Bulds Model WE0311M Serial No. M9846760

Nitrification Field: No Fields 1 Square Feet 300 Linear Feet 200 (reduction)

No Lines 4 at 50' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Pump to Plastic Chamber or Similar

Repair System Description: Pump to Panel Blk

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 2+Den No. Bathrooms 2.5 No. Employees ____

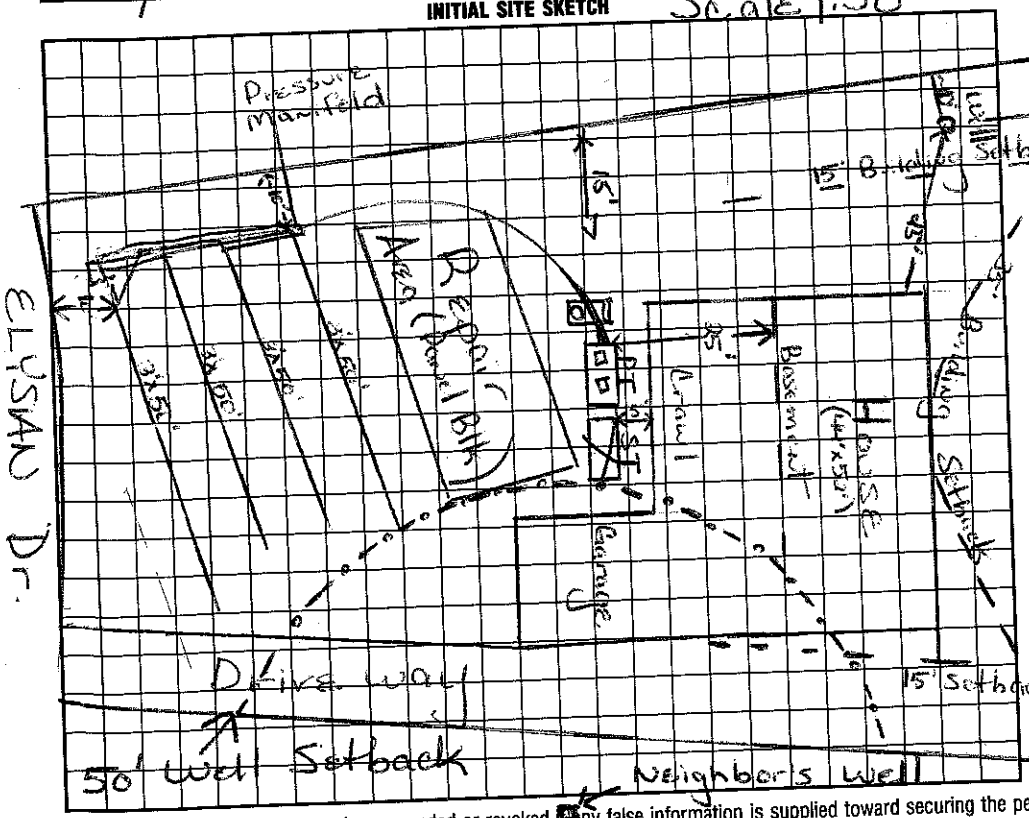
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☒ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

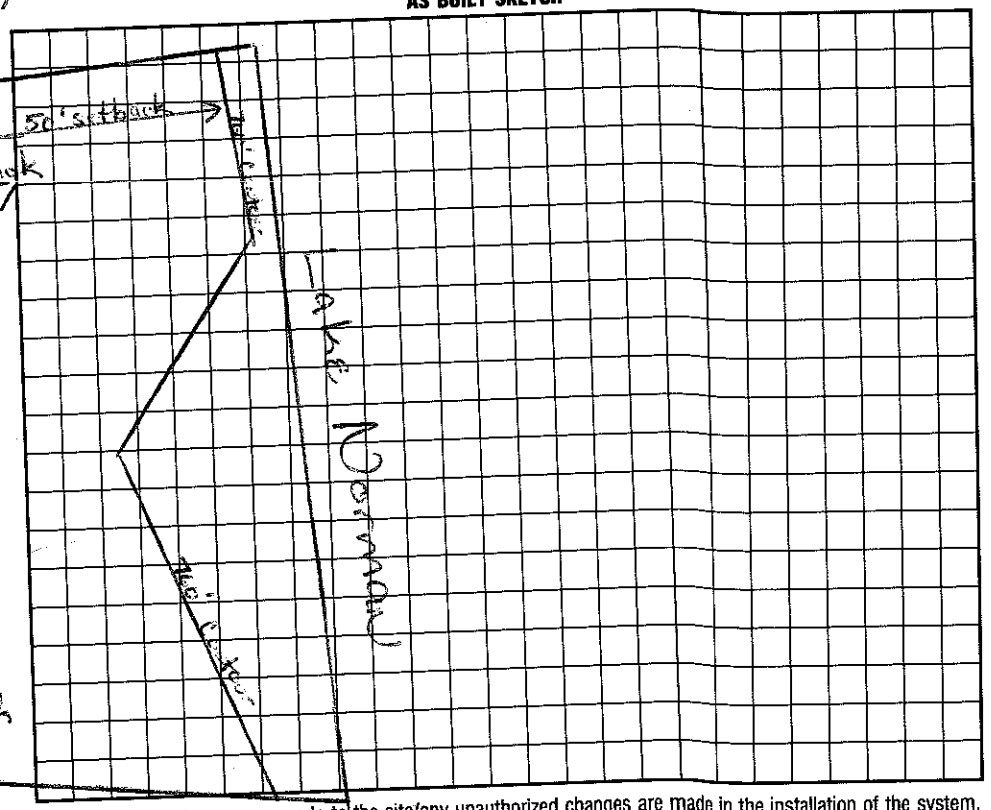
Comments: Very tight lot, pay close attention to Setbacks!! Septic tanks lines must be at least 50' from all wells & 10' from property lines & 25' for Basement, 5' from Crawl/Slab. Wells should be 25' from house & 50' from Neighbors

Comments: Partial Basement

INITIAL SITE SKETCH Scale 1:30



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: Jeffrey A. Koons

Improvement Permit by: Maria H. H. Dotson date 10/9/97

Existing System Inspection by: Maria H. H. Dotson date 10/9/97

Installed by: F J Ewin

Certificate of Completion by: Wesley Sparks RS. date 2/9/99

Operation Permit by: ____ date ____

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

Street Addr.