IREDELL COUNTY HEALTH DEPARTMENT

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

Paid [redacted] 175.00 D7

332

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

PERMIT# 7965 PIN# 4657791539 DATE 8-17-2000

OWNER OR CONTRACTOR Christopher Church George PHONE: Business 953-2492 Home 664-2845

ADDRESS 109 Harbor Cove Ln. Mooresville NC 28117

LOCATION Hwy 115 N to Rhinehardt Rd TR Ketchie Dr 3rd lot on right.

SUBDIVISION Ketchie Acres BLOCK / SECTION ____ LOT 20 LOT AREA ____ SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .35

Septic Tank: 1000 Gallons; STB 312 Date 10-10-00
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1035' Linear Feet 345'
No Lines 3 at 115'+ 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: Innovative
Maintenance Agreement Required: ☐ Yes ☒ No

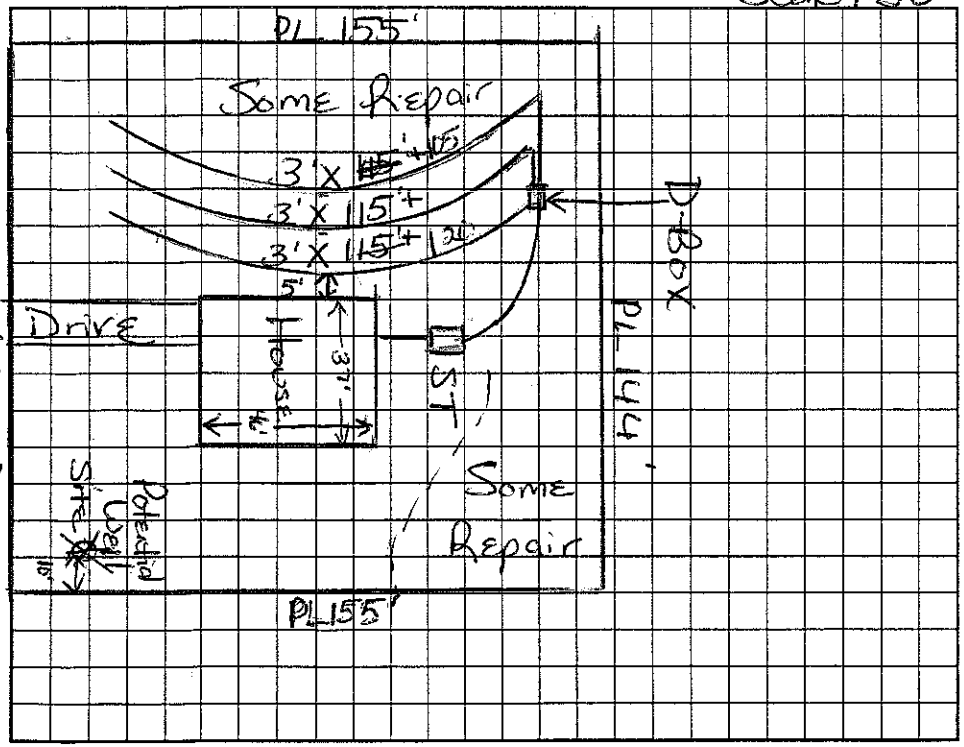
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2.5
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Keep Septic System at least 10' from PL, 5' from House & 50'+ from lake. Install lines on Contour.

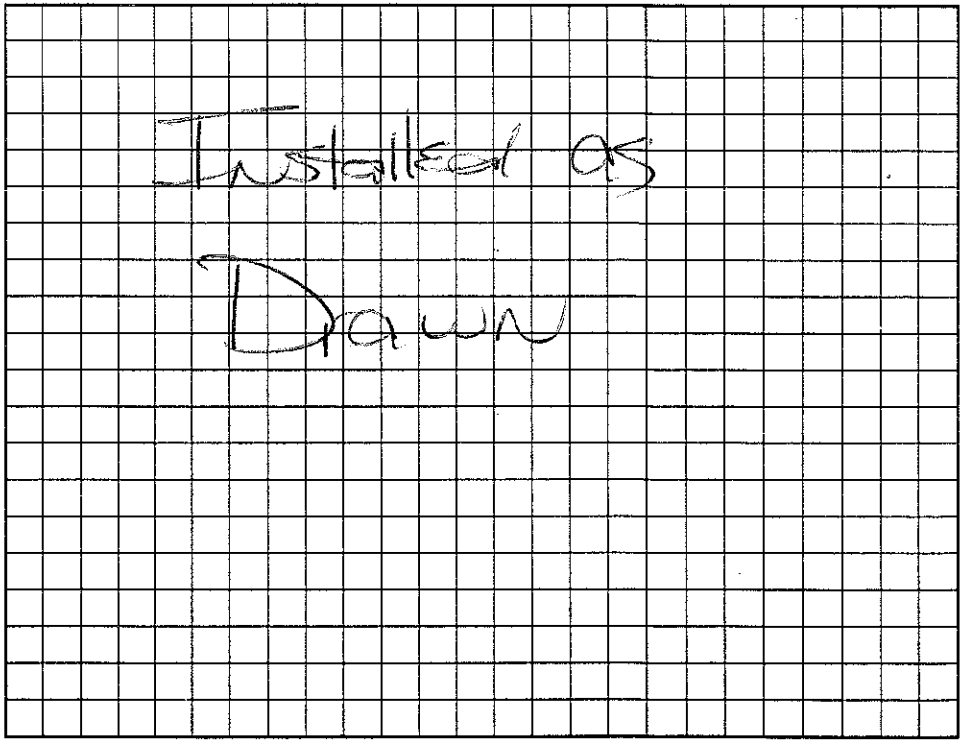
Comments:/Conditions: Polyick Fitter
* Well not installed at time of inspection.

INITIAL SITE SKETCH Scale 1:50'



Ketchie Dr.

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: Christopher Church date 8/18/00
Improvement Permit by: Mina H. Lotson RS date 8/17/00
Authorization to Construct by: Mina H. Lotson R.S. date 8/17/00

Installed by: Larry Tucker Jamie O'Daniel
Operation Permit by: Mina H. Lotson RS. date 12/15/2000
Existing System Inspection by: ____ date ____

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