IREDELL COUNTY HEALTH DEPARTMENT

Consi. Auth. STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

405

IMPROVEMENT PERMIT / ~~CERTIFICATE OF COMPLETION~~ / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 067427 DATE Aug 19, 97 TAX MAP NO. 4665328745 4665 32 2602 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR James McKnight PHONE: Business _____ Home _____

ADDRESS 253 Rolling Hills Rd. Mooresville

LOCATION Shearers Rd S. TR Ashley Dr. (just before Wildwood Acres) bear left at end on right 105 Patrice Pl.

SUBDIVISION Ashley Woods BLOCK / SECTION _____ LOT 15 LOT AREA .739ac SITE CLASS: PS DESIGN FLOW 360gpd L.T.A.R. .9 initial / .125 repair

Septic Tank: 1000 Gallons; STB 1012 Date 6/4/97

Pump Tank: 1000 Gallons; PT 17 Date 7/11/97

Pump Make: HYDROMATIC Model SK 100 Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1260 Linear Feet 420

No Lines 6@70' Trench Width 36" Max Trench Bottom Depth 18" Gravel Depth 12"

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

System Description: pumped-pm- shallow conv.

Repair System Description: LPP

Maintenance Agreement Required: ☐ Yes ☑ No initially

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home DW No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

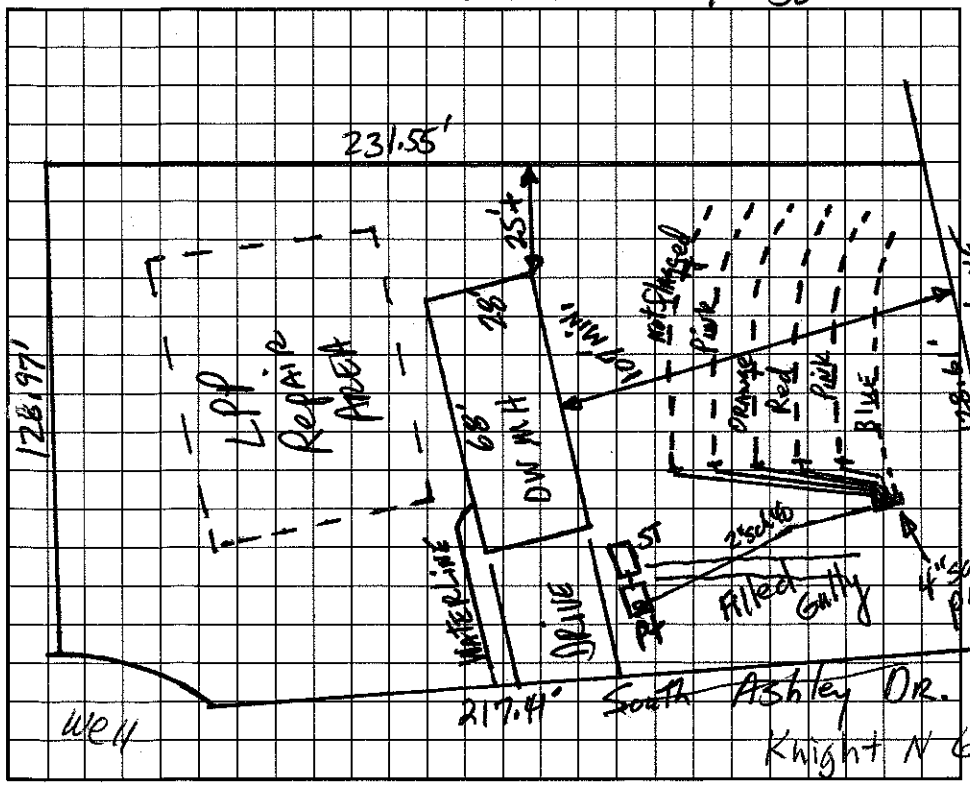
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☑ Community
☐ Public

Comments: TRENCHES ARE flagged on site w/ colors, AS indicated below except lowest LATERAL, which is Not flagged

Comments:

INITIAL SITE SKETCH 1" = 50'



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: X Russell Elson

Improvement Permit by: D R Amason, RS date 8-19-97

~~Construction Authorization~~ by: D R Amason, RS date 8-19-97

Installed by: A-1 Backhoe Service

Certificate of Completion by: Wesley H Deaton RS date 9/30/97

Operation Permit by: Wesley H Deaton RS. date 9/30/97

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