IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 84033 PIN# 4665 35 665 DATE 9/27/99

OWNER OR CONTRACTOR MCKNIGHT ENTERPRISES PHONE: Business _____ Home 664-9080

ADDRESS 255 ROLLING HILLS DRIVE MOORESVILLE

LOCATION SHEARERS CO - TR ASHLEY WOODS - TL KNIGHT N DALE - 4th ON RT

SUBDIVISION ASHLEY WOODS BLOCK / SECTION _____ LOT 34 LOT AREA .44AC SITE CLASS. ES DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 8/3/99

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 5@60' 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: GRAVITY 25% REDUCTION

Repair System Description: PANEL

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

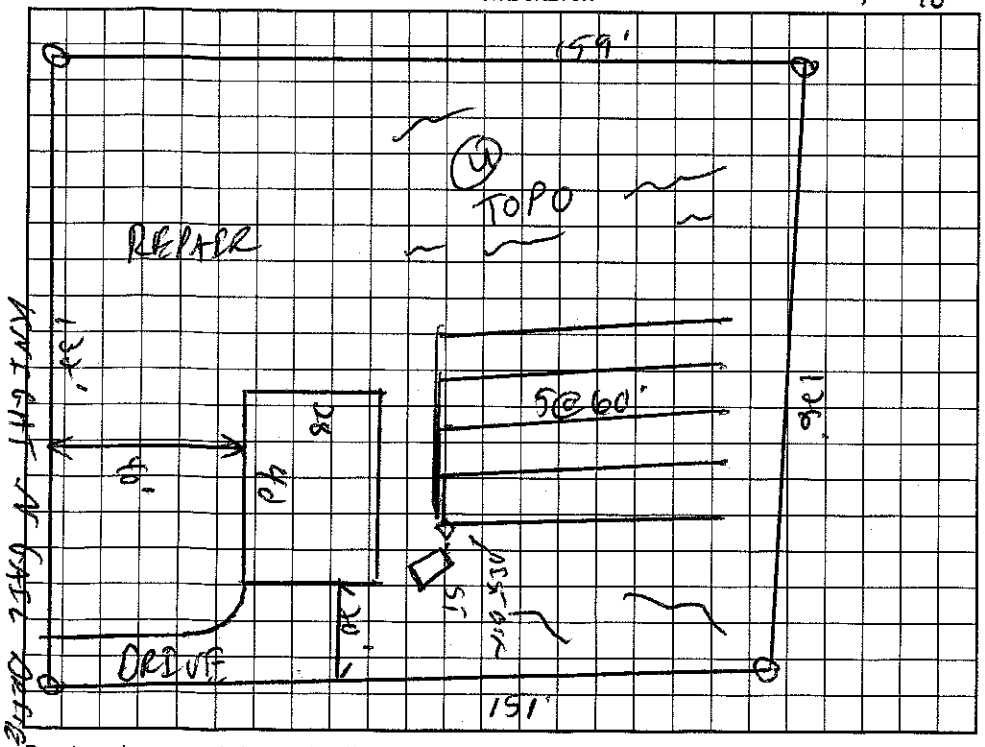
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☒ Community

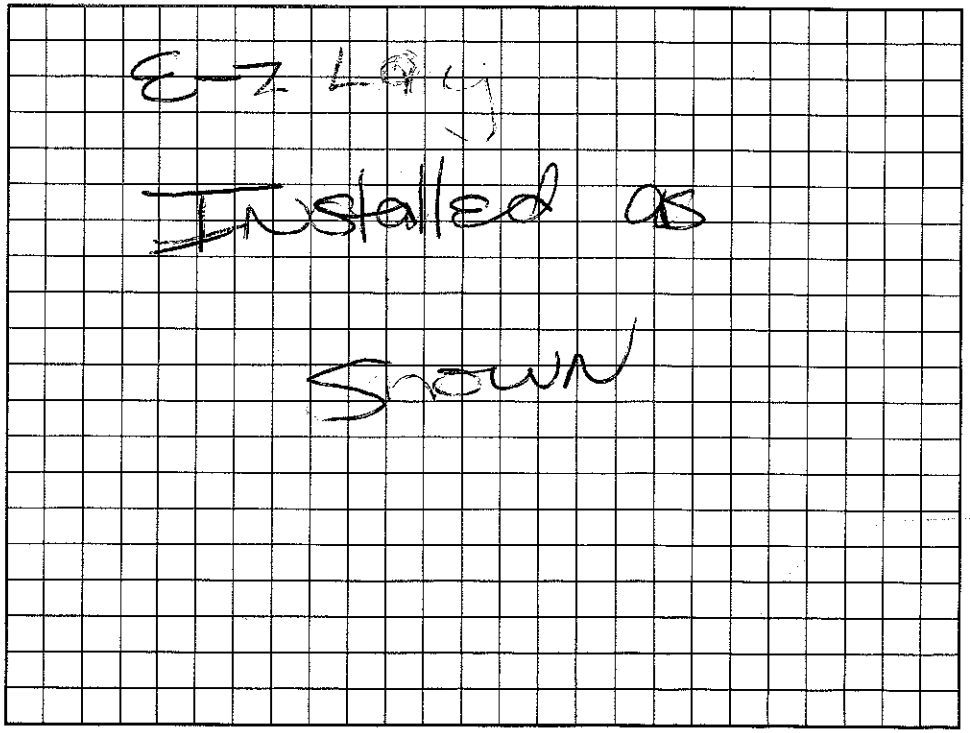
Comments:/Conditions: MH not on site at time of INSPECTION

Comments:/Conditions: Riser & filter installed

INITIAL SITE SKETCH 1"=40'



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: Steve B. McKnight date 9/28/99 Installed by: A-1 Block

Improvement Permit by: C. [illegible] REHS date 9/27/99 Operation Permit by: Maria H. Dolan RS date 10/19/99

Authorization to Construct by: C. [illegible] REHS date 9/27/99 Existing System Inspection by: _____ date _____

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