(11:30)

IREDELL COUNTY HEALTH DEPARTMENT Const. Auth. STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PROPERTY DESCRIPTION NO. 06-7432 DATE July 12, '97 TAX MAP NO. 4653287455 5801 Watershed: ☐ Yes

OWNER OR CONTRACTOR James McKnight PHONE: Business _____ Home _____

ADDRESS 253 Rollers Hills Rd, Mooresville

LOCATION Staggers Rd S. past Rocky River Rd TR Ashley Dr. Bear Rt N. Ashley on left

SUBDIVISION Ashley Woods BLOCK / SECTION _____ LOT 31 LOT AREA .44 Ac SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. ~1.35

Septic Tank: 1000 Gallons; STB 1012 Date 6/9/97

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 2 Square Feet 780 Linear Feet 260

No Lines 3+3 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 Chambered

Repair System Description: gravity pumped panel blk

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

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

Water Supply: ☐ Individual ☒ Community ☐ Public

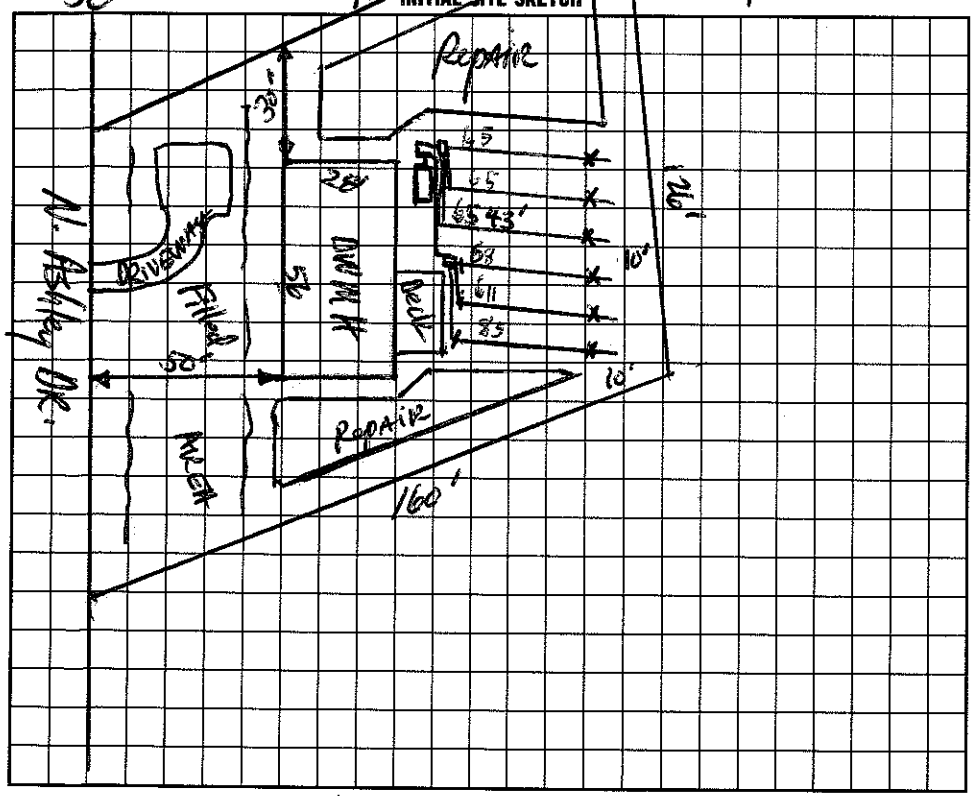
Comments: Septic Tank → Flow Divider → 2 Boxes w/ spreaders → Laterals

* ONE inspection port PER LATERAL

Comments:

1" = 50'

INITIAL SITE SKETCH



AS BUILT SKETCH

SAME AS SITE 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 Dixon

Improvement Permit by: _____ RS date 7-12-97

~~Construction/Repair Inspection by:~~ Authorized Agent _____ RS date 7-12-97

Installed by: A-1 BACKHOE

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date 8/21/97

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