IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# D89385 PIN# 4678714001 DATE 9/21/2000

OWNER OR CONTRACTOR Francis McKnight PHONE: Business Home 664-5874

ADDRESS 312 Cook Ave Mooresville, NC 28115 123 W. KNIGHT LN.

LOCATION Hwy 160 East just before Countyline Tr McKnight Ln, go ~400ft to gravel drive (Rail Fence) Tr Lock

SUBDIVISION BLOCK / SECTION LOT LOT AREA 9.7 Acres SITE CLASS. PS DESIGN FLOW 240gpd L.T.A.R. .25-.3 Rose Link

Septic Tank: 1000 Gallons; STB 825 Date 10/5/02
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 12"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity-Conventional
Repair System Description:
Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 2
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

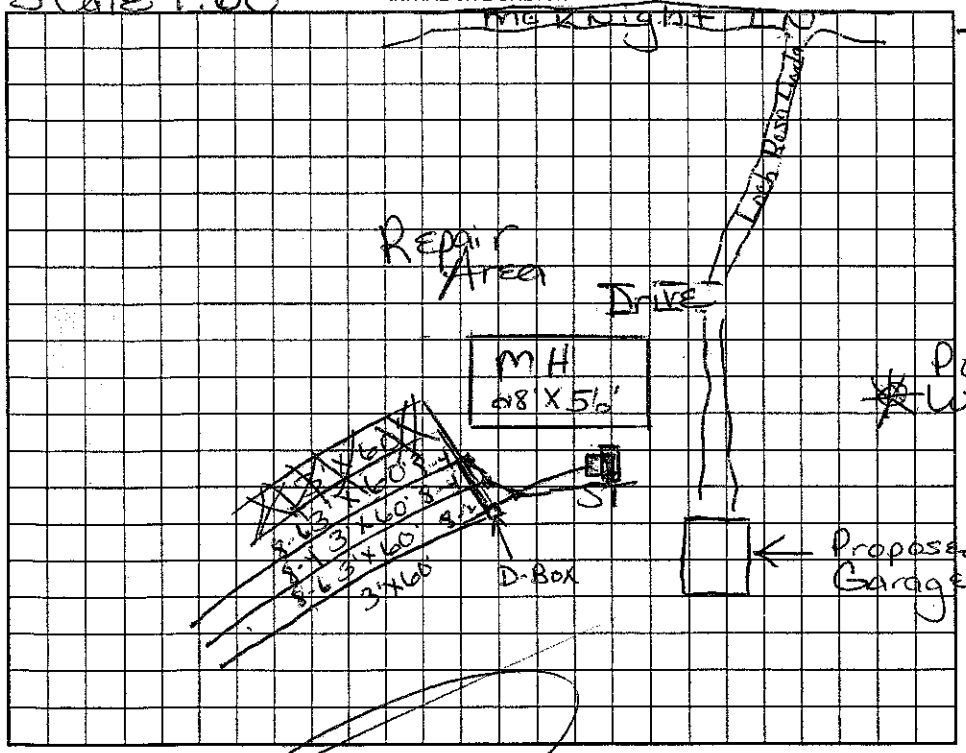
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Keep Septic System at least 5' from house & 50-100' from any well. Keep 10' from any PL.

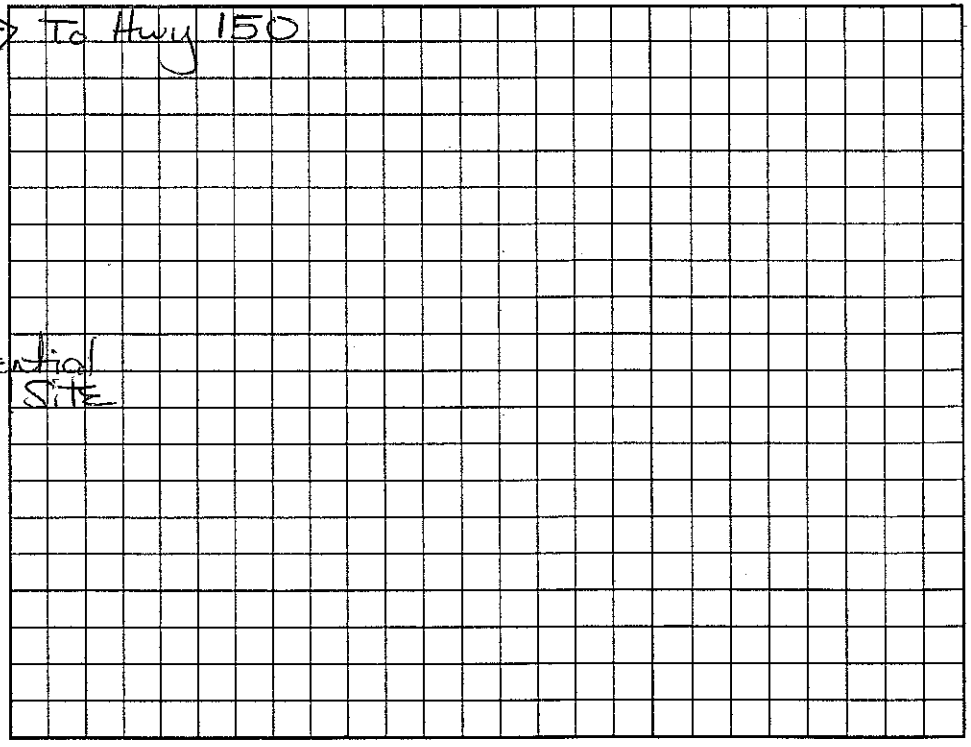
Comments:/Conditions: 3@100'x3'

Scale 1:60

INITIAL SITE SKETCH



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: date 9-22-W Installed by: Bobs Backhoe Svcs.

Improvement Permit by: Maina H. Dotson RS date 9/21/00 Operation Permit by: Wesley Sparks R.S date 12/23/02

Authorization to Construct by: Maina H. Dotson RS date 9/21/00 Existing System Inspection by: date

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