IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 124515 PIN# 4747-04-8282 DATE 11-20-04

OWNER OR CONTRACTOR BOBBY KNOX PHONE: Business 704-574-1309 Home BOYLE 704-682-1559

ADDRESS 17119 KNOXWOOD DRIVE HUNTERSVILLE NC 28076

LOCATION 21 NORTH (L) SHUMAKER / WHITES FARM (L) INGRAM (R) @ BOX # 364 FOLLOW DIRT DRIVE BACK PAST BARN

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 57.64 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .135

Septic Tank: 1000 Gallons; STB ___ Date ___
Pump Tank: ___ Gallons; PT ___ Date ___
Pump Make: ___ Model ___ Serial No. ___
Nitrification Field: No Fields 1 Square Feet 1028 Linear Feet 345'
No Lines 3x115' Trench Width 36 Max Trench Bottom Depth 36" MIN

☒ New System ☐ Repair System Type: I, (II), III, IV, V, VI
System Description: CONV GRAV
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☒ No
Gravel Depth 12"

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees ___
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

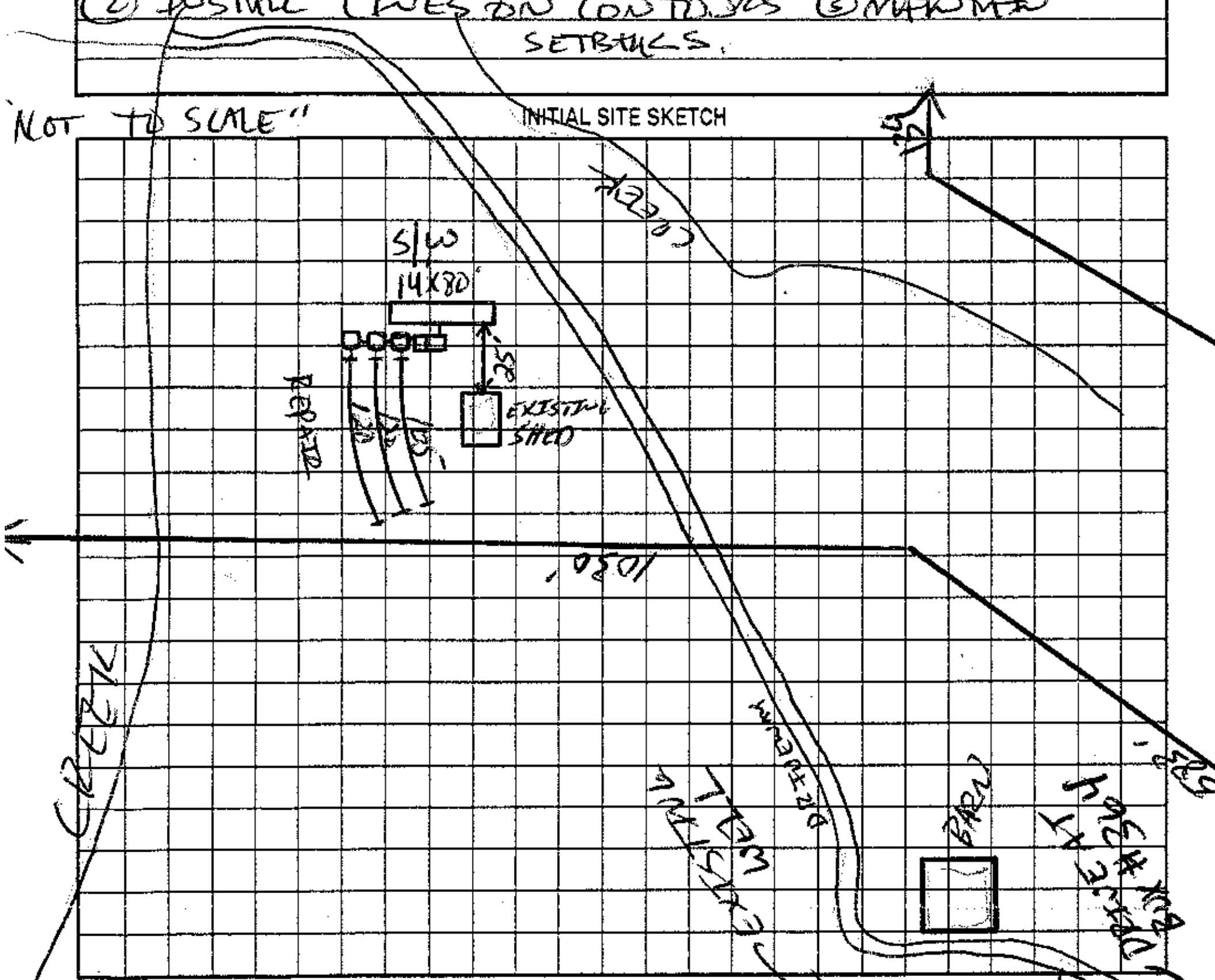
Water Supply: ☒ Individual ☐ Public ☐ Community
EXISTING WELL

Comments:/Conditions: (1) INSTALL LINES 36" DEEP (2) INSTALL LINES ON CONTOURS (3) MAINTAIN SETBACKS.

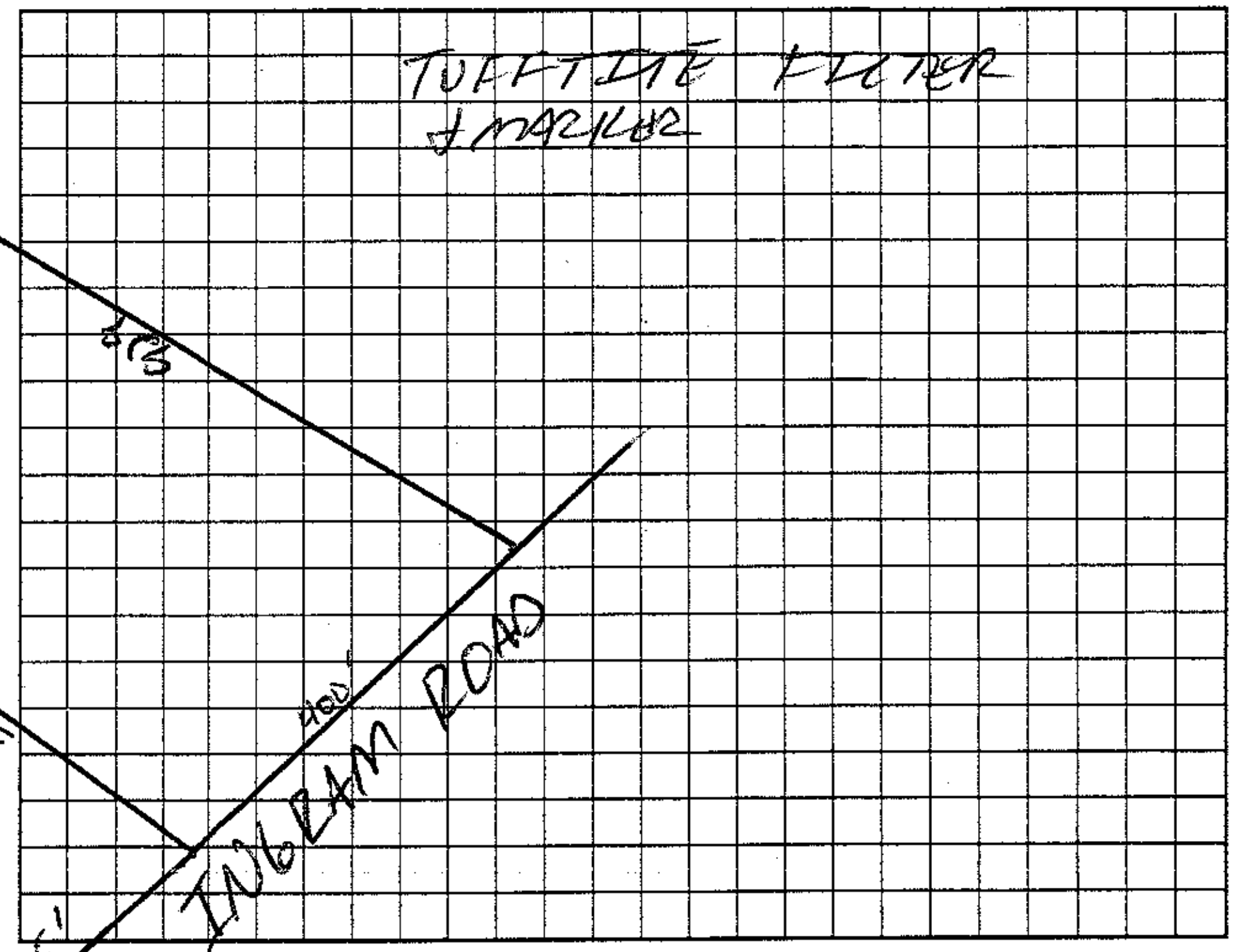
Comments:/Conditions: (4) DO NOT CROSS P/L, INSTALLER SHOULD MAKE OWNER DISPLAY P/L BY INSTALLATION.

"NOT TO SCALE"

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: Bobby Knox 11/29/04 date ___ Installed by: SELF INSTALLED

Improvement Permit by: [signature] RS date 11-20-04 Operation Permit by: [signature] RS date 7-7-05

Authorization to Construct by: [signature] RS date 11-20-04 Existing System Inspection by: ___ date ___

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