IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 119698 PIN# 4768-87-4217 118-3193 DATE 4-27-04

OWNER OR CONTRACTOR Lloyd Knox PHONE: Business _____ Home _____

ADDRESS 123 Craftman Loop Mooresville NC 28115

LOCATION I-77N Exit 54 (L) Hwy 21 (R) Noel Rd to end of cul-de-sac

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 53.4 SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. EXISTING

Septic Tank: EXISTING Gallons: STB _____ Date _____
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet _____ Linear Feet _____
No Lines 2 EXISTING Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

☐ New System ☐ Repair System Type: I, (II), III, IV, V, VI
System Description: CON. GRAVITY
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ☑ No

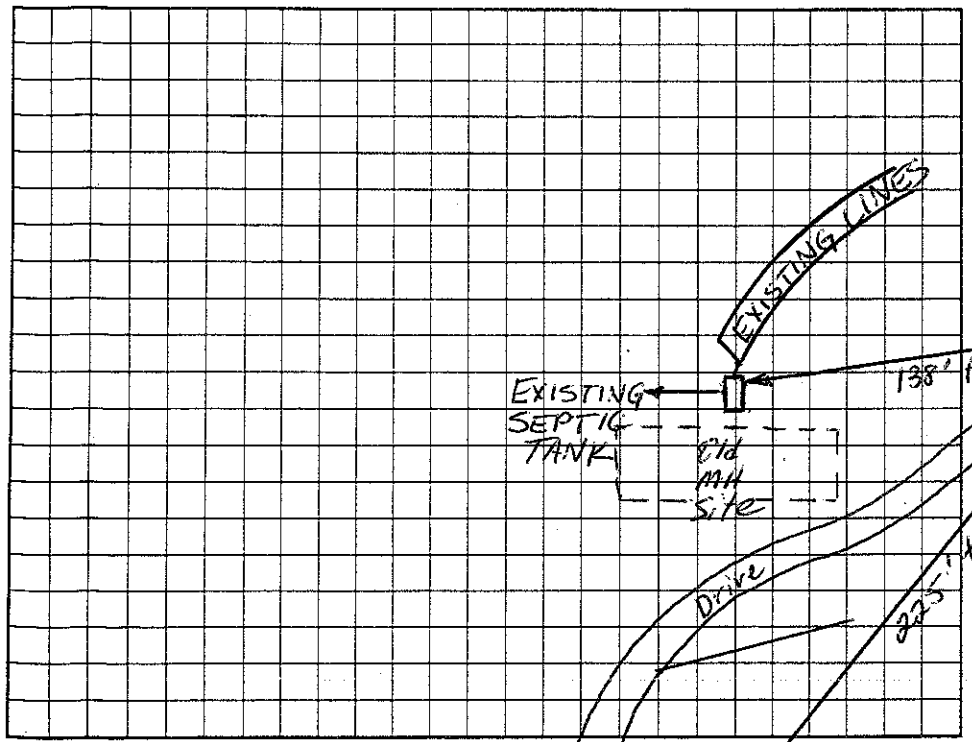
☑ House/Mod. Home No. Bedrooms 2
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☑ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

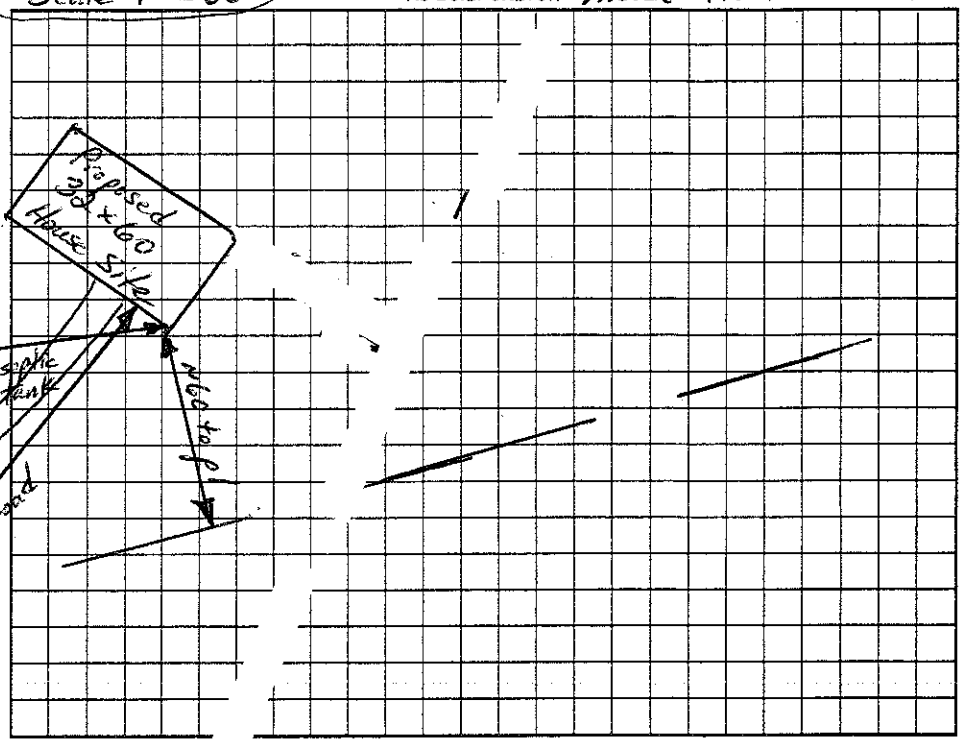
Comments:/Conditions: (1) SYSTEM FUNCTIONING PROPERLY AT TIME OF INSPECTION (2) PERMISSION GIVEN TO CONNECT TO EXISTING SYSTEM (3) NEW STRUCTURE SHALL NOT INCREASE # OF BEDROOMS (4) VISUAL INSPECTION NO GUARANTEE PROBLEMS WILL NOT ARISE IN FUTURE.

INITIAL SITE SKETCH



Scale 1" = 60'

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 th .e/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 od equal to that of Improvement Permit – not to exceed sixty months.

Signed: Lloyd Knox date 4-27-04

Improvement Permit by: _____ date _____

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: Christopher M. Sherrill, RS date 4-27-04

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