IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 100219 PIN# 4772 98 2064 DATE 5/9/01

OWNER OR CONTRACTOR TERRY KNOX PHONE: Business _____ Home (704) 872-0179

ADDRESS 1270 NORTHSIDE DR., STATESVILLE, NC 28625

LOCATION HWY 70 E, (R) KNOX FARM RD. ON (L)

SUBDIVISION UPRIGHT EST. BLOCK / SECTION _____ LOT 1 LOT AREA 5.1 AC. SITE CLASS PS DESIGN FLOW 420 GPD L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 2-19-01
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 533'
No Lines 5 Trench Width 3' Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: (II) III, IV, V, VI
System Description: CONVENTIONAL
Repair System Description: CONVENTIONAL
Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Bathrooms 2 No. Employees _____

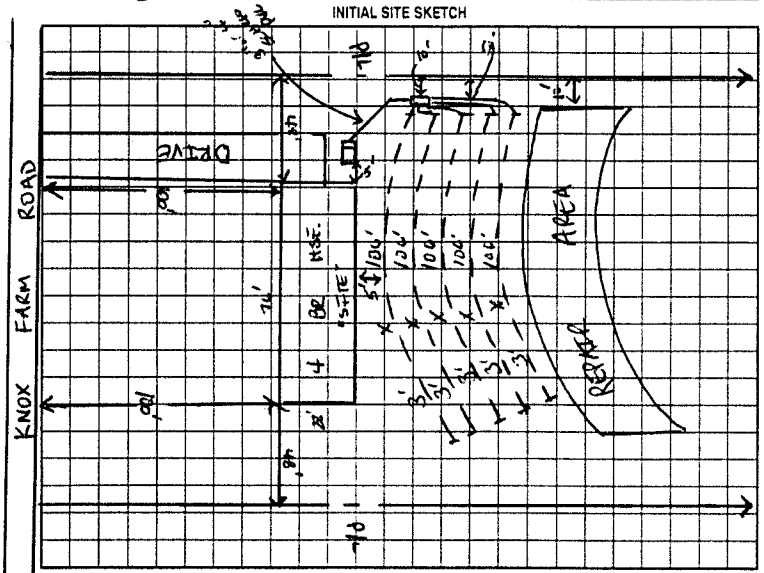
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments/Conditions: (1) INSTALL DRAINLINES UNIFORM AND ON CONTOUR (2) NO CUTTING OR FILLING OVER DRAINFIELD/REPAIR AREAS (3) KEEP ALL DRAINS AWAY FROM DRAINFIELD/REPAIR AREAS (4) MAINTAIN SETBACKS

Comments/Conditions: SYSTEM INSTALLED AS SHOWN WITH PIGTAIL FACTOR & MARKER

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 _____ Installed by: A-1 BACKHOE

Improvement Permit by: Tracy Shinn date 5/9/01 Operation Permit by: _____ date 5-22-01

Authorization to Construct by: Tracy Shinn date 5/9/01 Existing System Inspection by: _____ date _____

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