# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 42744 PIN# 4803 73 1942 DATE 11/8/00

OWNER OR CONTRACTOR Robert Knight PHONE: Business _____ Home (704) 393-5010

ADDRESS 700 Elliott St Charlotte NC 28216

LOCATION 115 N, L Linney's Mill, R Barkers Grove on Rt.

SUBDIVISION Brushy Mtn. Acres BLOCK / SECTION 1 LOT 11 LOT AREA 7.94 AC SITE CLASS P3 DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons: STB 1012 Date 9/6-00

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 3@134' Trench Width 36" Max Trench Bottom Depth 36"

[X] New System [ ] Repair System Type: [ ] I [ ] II [ ] III [ ] IV [ ] V [ ] VI

System Description: Gravity Conventional

Repair System Description: Same

Maintenance Agreement Required: [ ] Yes [X] No

Gravel Depth 12"

[X] House/Mod. Home [ ] Mobile Home [ ] Business [ ] Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

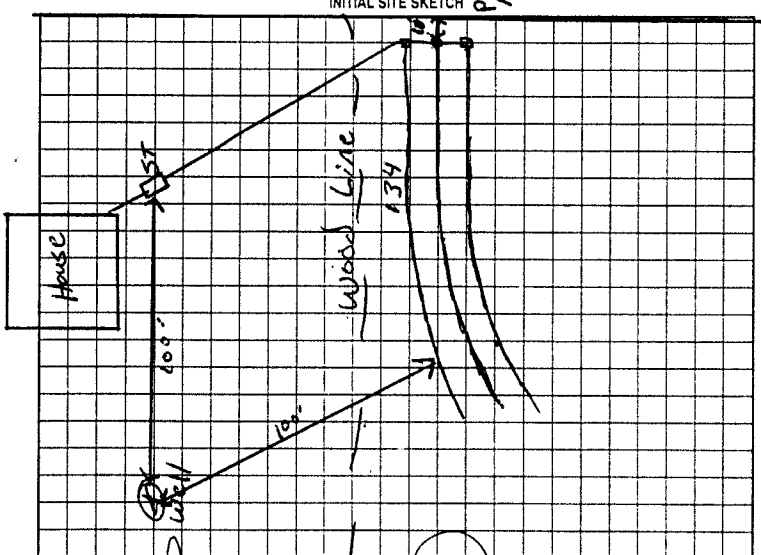
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] Individual [ ] Public [ ] Community

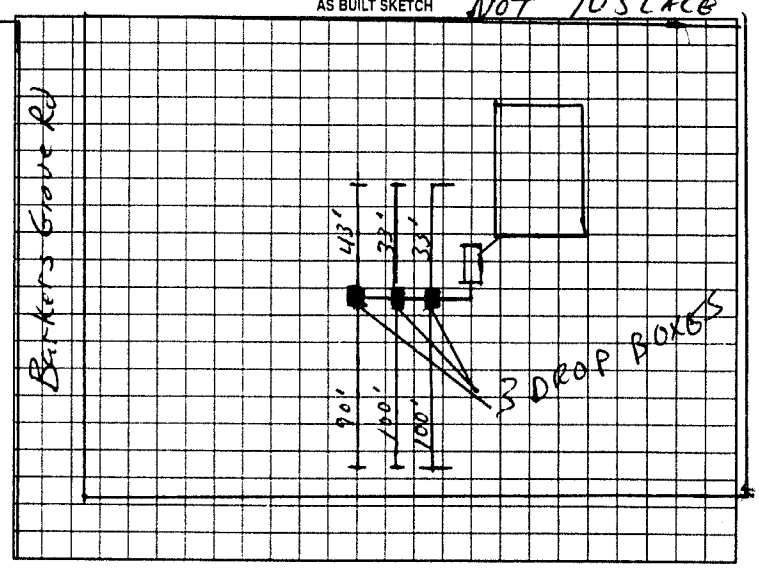
Comments/Conditions: Install Lines on Contour
Keep well 100' from septic system
Not to Scale

Comments/Conditions: INSTALLED ~~CRAWLS~~ WITH RISERS
INSTALLED WITH POLYLOK FILTER

INITIAL SITE SKETCH




AS BUILT SKETCH NOT TO SCALE




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 _____

Improvement Permit by: _____ date 11/8/00

Authorization to Construct by: _____ date 11/8/00

Installed by: A-1 Backhoe

Operation Permit by: _____ date 12-05-01

Existing System Inspection by: _____ date _____

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