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 Linneys Mill L R Barkers grove on Rt.

SUBDIVISION Brushy Mtn Acres BLOCK / SECTION _____ LOT 11 LOT AREA 7.44 AC SITE CLASS RS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons: ST8 1012 Date 9/10/00
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" Gravel Depth 12"

[X] New System [ ] Repair System Type: I (II) III, IV, V, VI
System Description: Gravity Conventional some
Repair System Description: _____
Maintenance Agreement Required: [ ] Yes [X] No

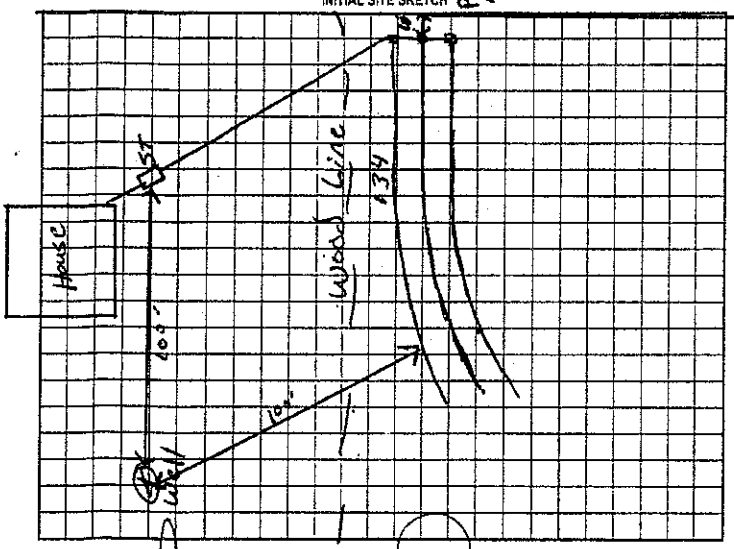
[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 2
[ ] Business No. Employees _____
[ ] Other _____
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

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

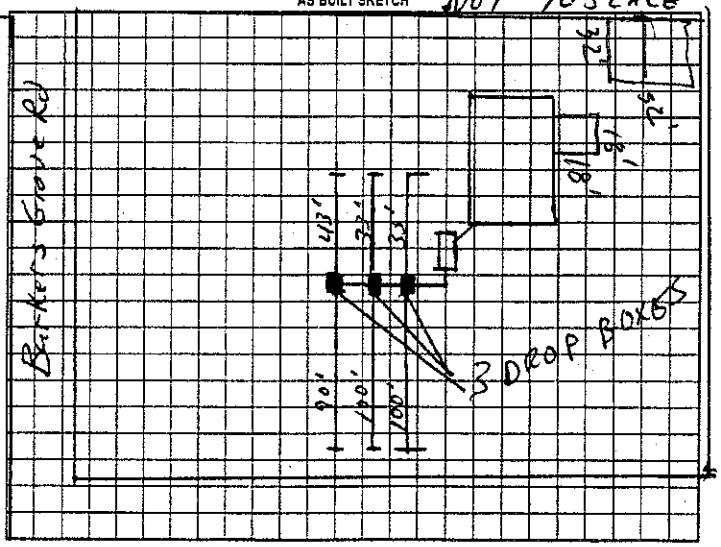
Comments/Conditions: Enstall Lines on Contour
Keep well 100' from septic system
Not to Scale

Comments/Conditions: INSTALLED ~~CRAWL~~ 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 _____ Installed by: A-1 Backhoe

Improvement Permit by: _____ date 11/8/00 Operation Permit by: _____ date 12-05-01

Authorization to Construct by: _____ date 11/8/00 Existing System Inspection by: _____ date _____

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

Location of the proposed SunRoom + detached garage addition does not appear to impact the existing on-site septic system.**NOTE: _____

_____ REHS

Date: 3-13-12

ICHD-Environmental Health Division