Pd. 10/24/96 Rec. 55302 ck 536

IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT VOIDS PREVIOUS ISSUED 5-29-96 #463/26

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 24037 DATE 10-22-96 TAX MAP NO. 8R-A-1 (PART OF) Watershed ☐ Yes ☐ No

OWNER OR CONTRACTOR KEJ MARKETING (RON BAER) PHONE: Business (704) 521-0320 Home (704) 847-6006

ADDRESS P.O. BOX 1627, MATTHEWS, NC 28106

LOCATION I-40 W, JR SHARON SCH. RD TL STEWART ROCK, TL FULBRIGHT, CONTINUE RIVERCLIFF, TL PIER POINT DR, 2ND ON LEFT

SUBDIVISION RIVERWALK BLOCK / SECTION IV LOT 3 LOT AREA 0.951 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.25 GPD/FT²

Septic Tank: 1000 Gallons; STB 794 Date 10-8-96

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Fee: 60 to 1440 Linear Feet 240

No Lines SIX Trench Width 24" Max Trench Bottom Depth 36" Min. Depth 6"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: PPBPS GRAVITY

Repair System Description: LOW PRESSURE PIPE

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

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

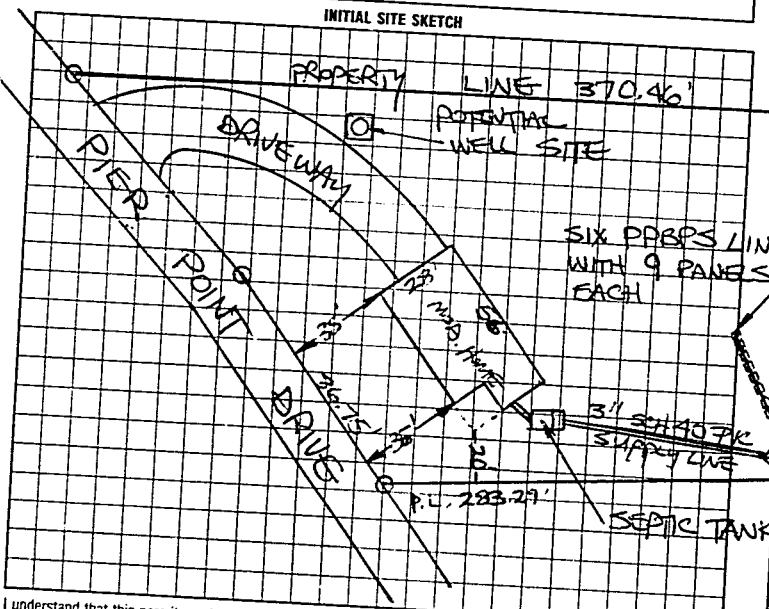
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public WELL

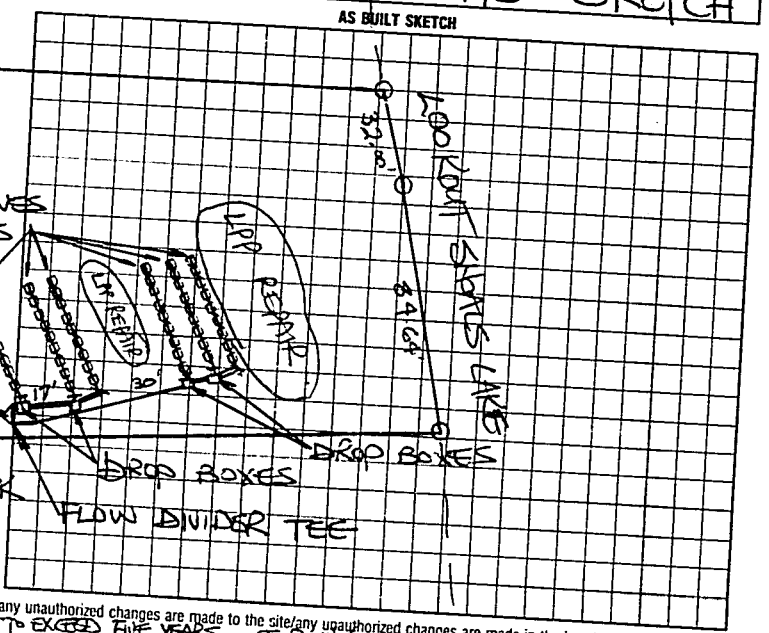
Comments: ① INSTALL 54 PPBPS PANELS IN SIX EQUAL LENGTH LINES AS FLAGGED ON CONTOUR, 36" DEEP. ② KEEP SYSTEM MINIMUM 100' FROM WELL

Comments: SYSTEM INSTALLED ACCORDING TO INITAL SITE SKETCH

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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. AUTH. TO CONST. IS VALID FOR A PERIND COINCIDENT TO THE VALIDITY OF THE I.P. NOT TO EXCEED FIVE YEARS, I.P. W/SITE PLAN IS VALID FOR FIVE YEARS.

Signed: Ron Baer

Improvement Permit by: _____

~~Authorization~~ TO CONSTRUCT ~~Existing System Inspection~~ by: STEVE HENDRICK date 10-22-96

Installed by: F.J. ERVIN

~~Certificate of Completion~~ by: STEVE HENDRICK date 10-22-96

Operation Permit by: _____ date _____

STEVE HENDRICK date 2-3-97

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL) GREEN OWNER COPY (FINAL) YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): G-D