IREDELL COUNTY HEALTH DEPARTMENT

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

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

PROPERTY DESCRIPTION NO. 25143 74785 DATE 11-2-96 TAX MAP NO. 8R-A-1 Watershed ~~Yes~~ ~~CA~~ ☒ No

OWNER OR CONTRACTOR KEJ MARKETING CO, INC. PHONE: Business 597-6006 Home

ADDRESS P O BOX 28106, MATHEWS, NC 28106

LOCATION GARDNER POINT DRIVE, TR. RIDGE POINT DRIVE, 1ST LOT ON LEFT

SUBDIVISION RIVERWALK BLOCK / SECTION V LOT 14 LOT AREA 0.431 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 55 Date 8-29-96
Pump Tank: 1000 Gallons; PT 32 Date 5-7-99
Pump Make: Zoeller Model ~~N/A~~ N/161 Serial No. 161 0002
Nitrification Field: No Fields 1 Square Feet 6 @ 1200 Linear Feet 200'
No Lines FIVE Trench Width 24" Max Trench Bottom Depth 32" Gravel Depth 6"

☒ New System ☐ Repair System Type: I, II, (III) IV, V, VI
System Description: PPBPS, PUMP-FED
Repair System Description: PPBPS, PUMP-FED
Maintenance Agreement Required: ☐ Yes ☒ No

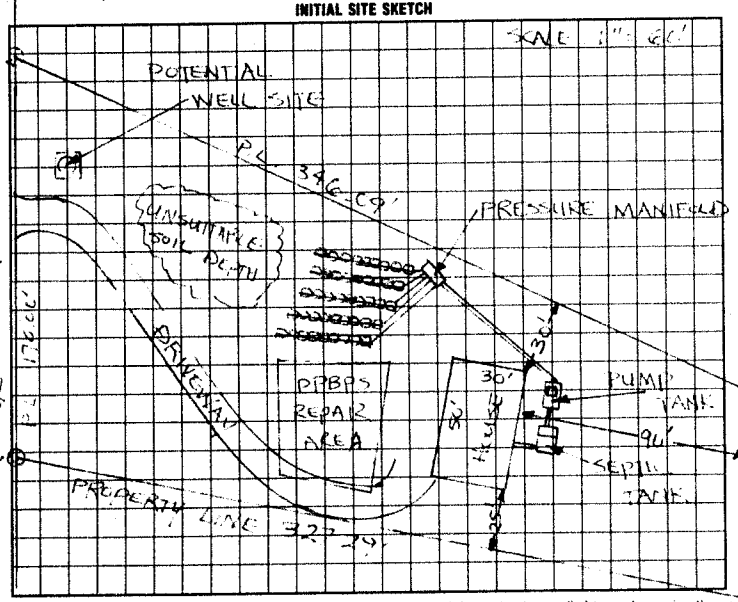
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

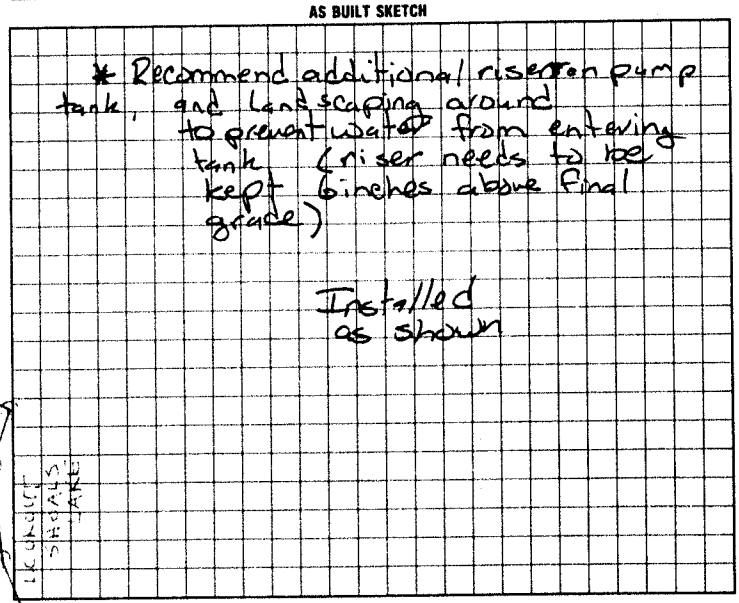
Comments: ① INSTALL 15 PPBPS PANELS IN FIVE EQUAL LENGTH LINES OF 9 PANELS EACH ② KEEP SYSTEM MINIMUM 100' FROM WELL ③ SEE ATTACHED SHEETS FOR PUMP AND PRESSURE MANIFOLD REQUIREMENTS.

Comments:
Tanks checked 10/14 mc
w/s checked lines, set pressure

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 period equal to the validity of the IP not to exceed five years. IP w/site plan is valid five years.

Signed: [signature]

Improvement Permit by: STEVE HENDRICK date 11-2-96
Authorization to Construct
~~Existing System Inspection~~ by: STEVE HENDRICK date 11-2-96

Installed by:
~~Certificate of Completion~~ by: date
Operation Permit by: Mary C Ott RS date 7-23-99

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