91417

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. 25145 DATE 11-2-96 TAX MAP NO. 6R-A-1 (PART OF) Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR KEJ MARKETING CO, INC. PHONE: Business 547-6006 Home

ADDRESS P.O BOX 1627, MATTHEWS, NC 28106

LOCATION GARDNER POINT DRIVE, TR, RUXE POINT DRIVE, 5TH LOT ON LEFT

SUBDIVISION RIVERWALK BLOCK / SECTION V LOT 16 LOT AREA 1.159 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 8-19-00
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet Eq. T 1200 Linear Feet 300 +
No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

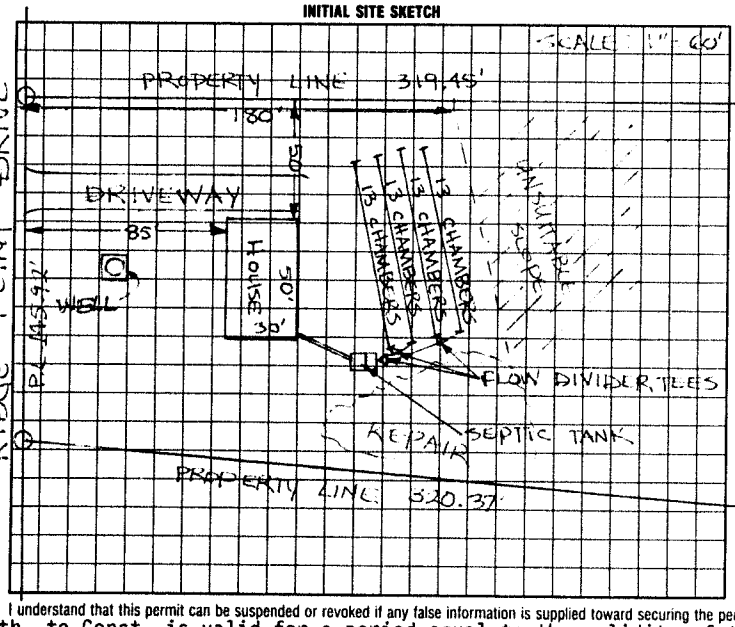
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public WELL

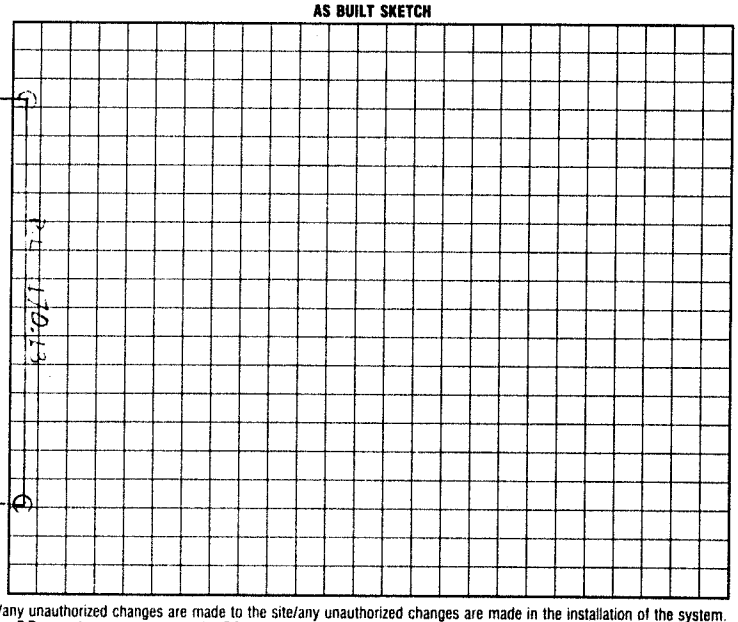
Comments: ① INSTALL 52 CHAMBERS IN FOUR EQUAL LENGTH LINES ON CONTOUR ② USE THREE FLOW DIVIDER TEES TO ACHIEVE EQUAL DISTRIBUTION INTO EACH LINE ③ KEEP SYSTEM MINIMUM 100' FROM WELL.

Comments: Installed as shown

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: ____

Improvement Permit by: STEVE HEDRICK date 11-2-96

Authorization to Construct

Existing System Inspection by: STEVE HEDRICK date 11-2-96

Installed by: David Faintz

Certificate of Completion by: ____ date ____

Operation Permit by: [signature] date 11-7-00

XXXXXXXXXXXXXXXXXX

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