# 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. 20716 DATE 4-3-95 TAX MAP NO. 8H-A-84 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Dennis Lee Keller PHONE: Business _____ Home 878-2711

ADDRESS 165 Matt Park Rd. statesville, N.C. 28677

LOCATION I40W TL Old Mtn Rd TR Beulah Rd stay Straight Mock Mill Rd TL Matt Park Rd. Lot on L

SUBDIVISION Matt Mill Park BLOCK / SECTION — LOT — LOT AREA 100' X 200' SITE CLASS. Existing DESIGN FLOW 360 L.T.A.R. Existing

Septic Tank: _____ Gallons; STB _____ Date _____

Pump Tank: Existing Gallons; PT _____ Date _____

Pump Make: _____ Model System Serial No. Inspection

Nitrification Field: No Fields ___ Square Feet _____ Linear Feet _____

No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: Existing System Inspection

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees ___

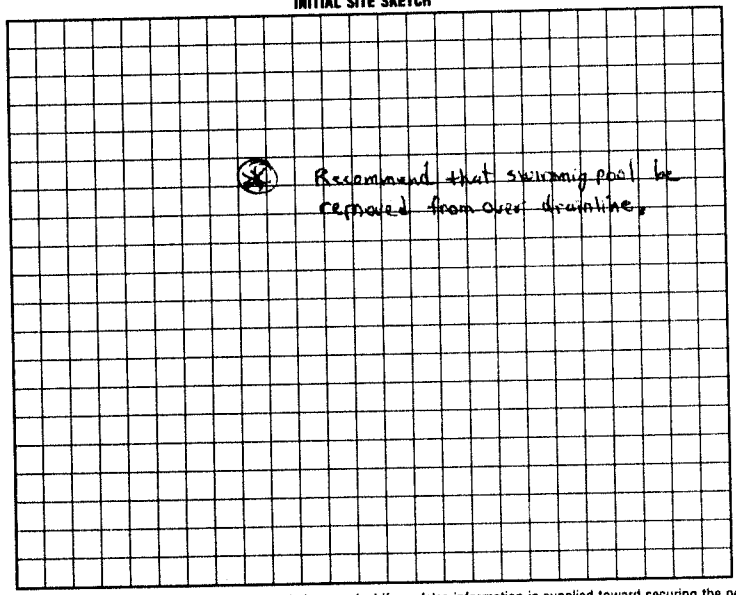
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

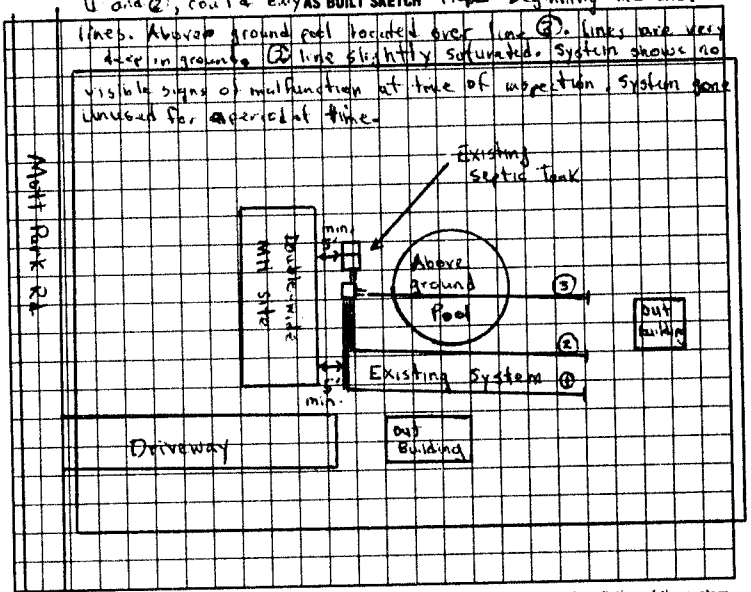
Water Supply: ☐ Individual ☑ Community ☐ Public

Comments:

Comments: Old Town Mill's, neighbor across street, said owner said original system sized for 3 Bedroom home. Replacing 2 Bedroom home with 3 Bedroom DW MH. Keep home min 5' from any part of septic system. SW MH that was removed was parked over lines 1 and 2, could only AS BUILT SKETCH Probe beginning and ends of lines. Above ground pool located over line 3. Lines are very deep in ground. Line 2 slightly saturated. System shows no visible signs of malfunction at time of inspection. System gone unused for a period of time.

INITIAL SITE 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. Improvement Permit is valid for 60 months from date of issuance.

Signed: _____ Installed by: _____

Improvement Permit by: _____ date _____ Certificate of Completion by: _____ date _____

Existing System Inspection by: Michael P. Dennard date 4-3-95 Operation Permit by: _____ date _____

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