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. 18929 DATE Aug 29, '94 TAX MAP NO. 2640 22 / 4645-29-1512 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Roy (Buster) Ledford PHONE: Business 536-1785 Home LN

ADDRESS 6308 Cat Square Rd, Charlotte 28227

LOCATION Keats Rd — Alcove Rd TR Templeton TR Irish TR Keats on Right ~500' before end

SUBDIVISION Kelly Cove BLOCK / SECTION ____ LOT 12 LOT AREA 22,000+ft²+ SITE CLASS. B pm 1958 DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Wellinger Date 2-23-95

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet ____ Linear Feet 270

No Lines 4 Trench Width 24" Max Trench Bottom Depth 30" Gravel Depth ____

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

System Description: gravity 4 PBPS

Repair System Description: LPP PBPS

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ____

☐ Other ____

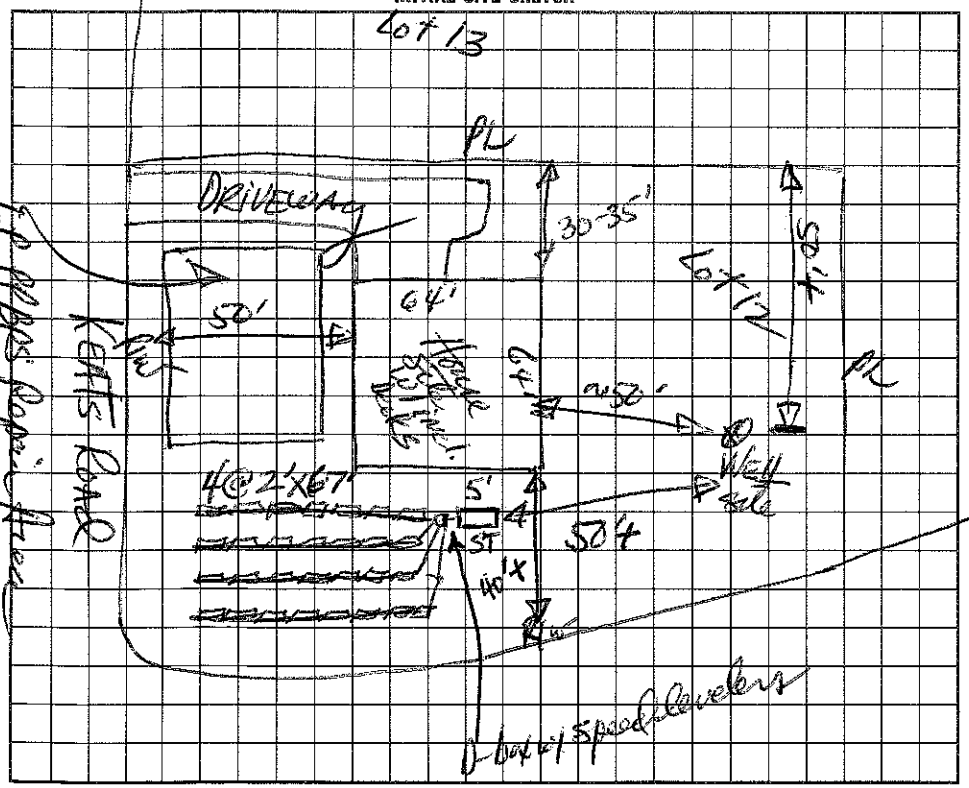
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

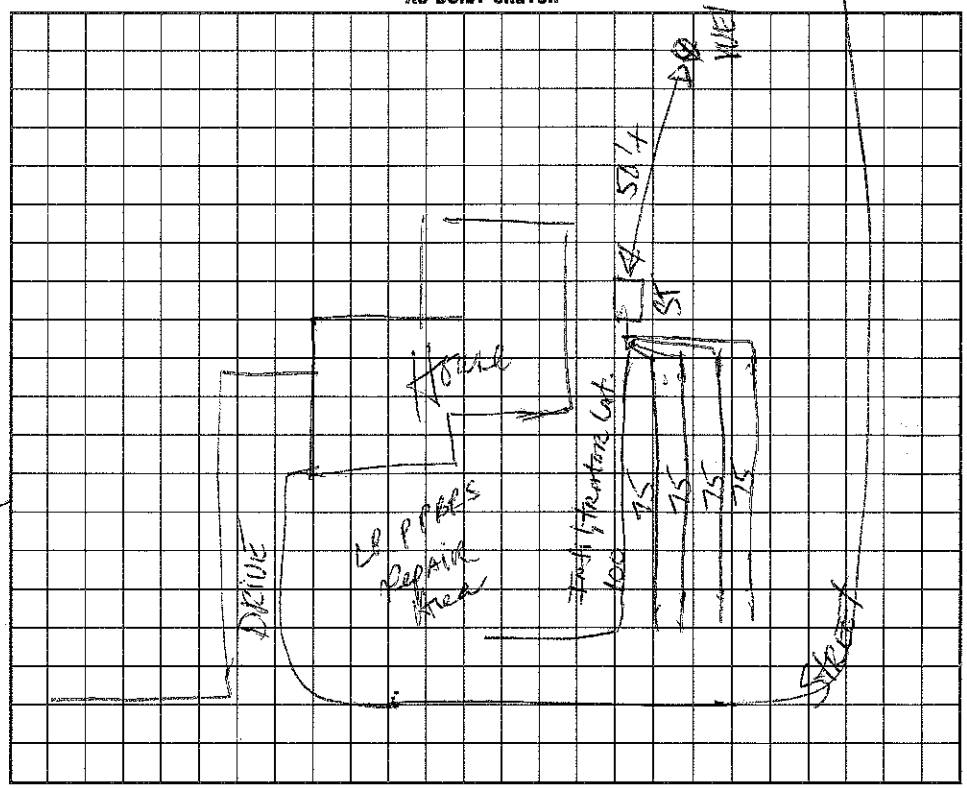
Comments: East plumbing at existing grade at "ridge" area before drop off to drainageway — lower area

Comments: 4/5/95 OK to use 400' of Infiltrator (5 @ 80'x3') DRH

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

Signed: Terry Stalker

Improvement Permit by: Mark D. Thomson, RS date 8/29/94

Existing System Inspection by: ____ date ____

Installed by: Barry Thompson

Certificate of Completion by: ____ date ____

Operation Permit by: D R Thomson, RS date 4/27/95

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