IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# Repair PIN# 4656431842 DATE 2-16-07

OWNER OR APPLICANT Rick Keller PHONE: ~~Business~~ Cell 506-2817 Home 663-0210

ADDRESS 130 Keller Ridge Ln. Mooresville NC

LOCATION Main St South TR (Foursquare) TL Keller Ridge (immediately after crossing RR tracks) 3rd house on Rt

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. PS DESIGN FLOW 360gpd L.T.A/R. .25 to .3

Septic Tank: Existing Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet Bed-40ft

No Lines 30@40' ~~Bed~~ Trench Width 30ft Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: _____

Repair System Description: Gravity Conventional (Bed)

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

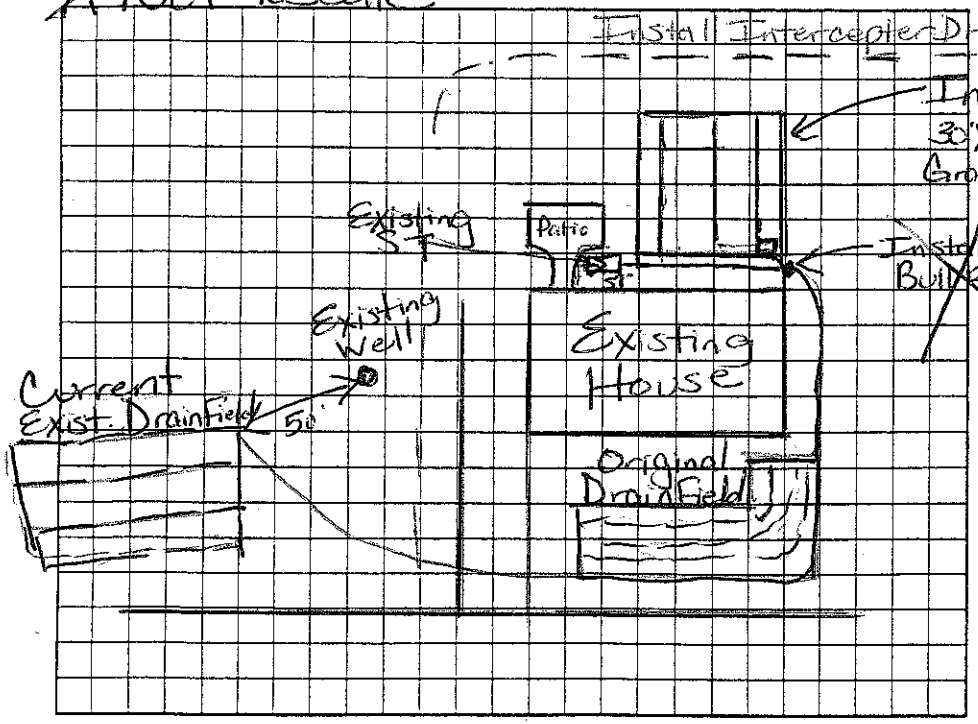
Water Supply: ☒ Individual ☐ Public ☐ Community

☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

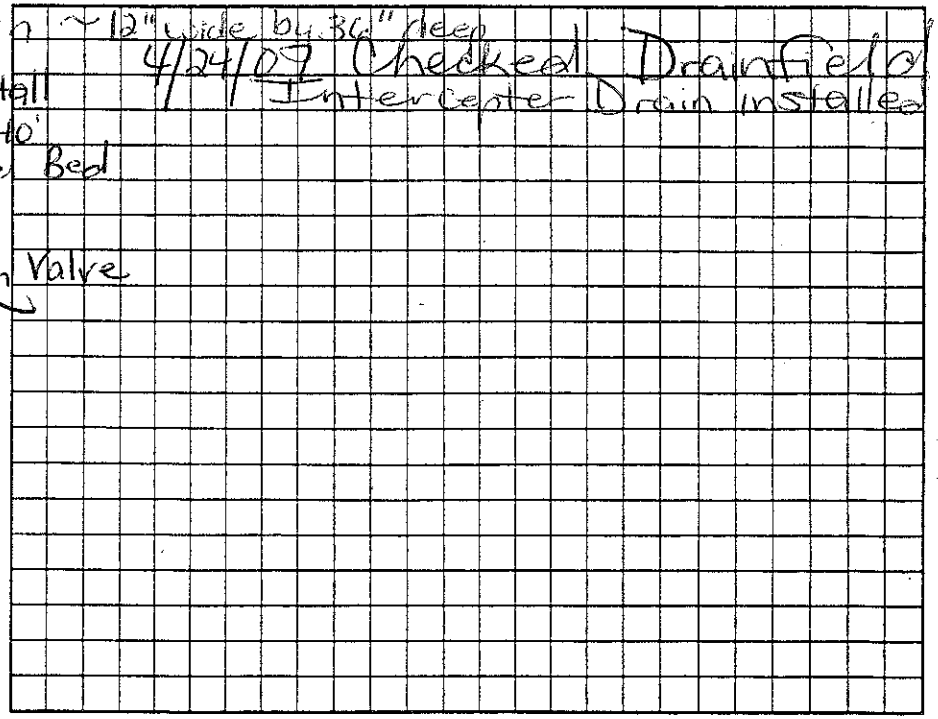
Comments/Conditions: Note: Prefer "Gravel" bed however other materials may be used with no reduction in drainfield area.

Comments/Conditions: ~~A~~ Must install Stormwater interceptor drain above drainfield & divert all storm/surface water away from Drainfield.

~~A~~ Not to Scale INITIAL SITE SKETCH



AS BUILT SKETCH



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 with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☐ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: _____ date 2/21/07 Installed by: Dave Clark RS

Improvement Permit by: _____ RS date 2/16/07 Operation Permit by: _____ date 4/24/07

Repair Authorization to Construct by: _____ date 2/16/07 Existing System Inspection by: _____ date _____

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