IREDELL COUNTY HEALTH DEPARTMENT

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

4657-79-5966

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

PROPERTY DESCRIPTION NO. 5207 DATE 11/26/97 TAX MAP NO. 1M16-A-8,9

OWNER OR CONTRACTOR Bruce & Deanna Belk PHONE: Business 663-1130/Pg 532-4159 Home 663-4241

ADDRESS 116 Ideal Dr. Mooresville, NC 28115 Watershed: ☐ Yes ☐ No

LOCATION Hwy 150 TL on Rinehardt approx. 1 mile on Rinehardt btw Sunlane & Ideal.

SUBDIVISION Ketchie Acres BLOCK / SECTION 2 LOT 8,9 LOT AREA 1.04 Acre SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .3 - .37

Septic Tank: 1000 Gallons; STB ____ Date 6/25/78

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 2 Square Feet 1200' Linear Feet 400'

No Lines 6 at 67' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Grav. - Conventional

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees ____

☐ Other ____

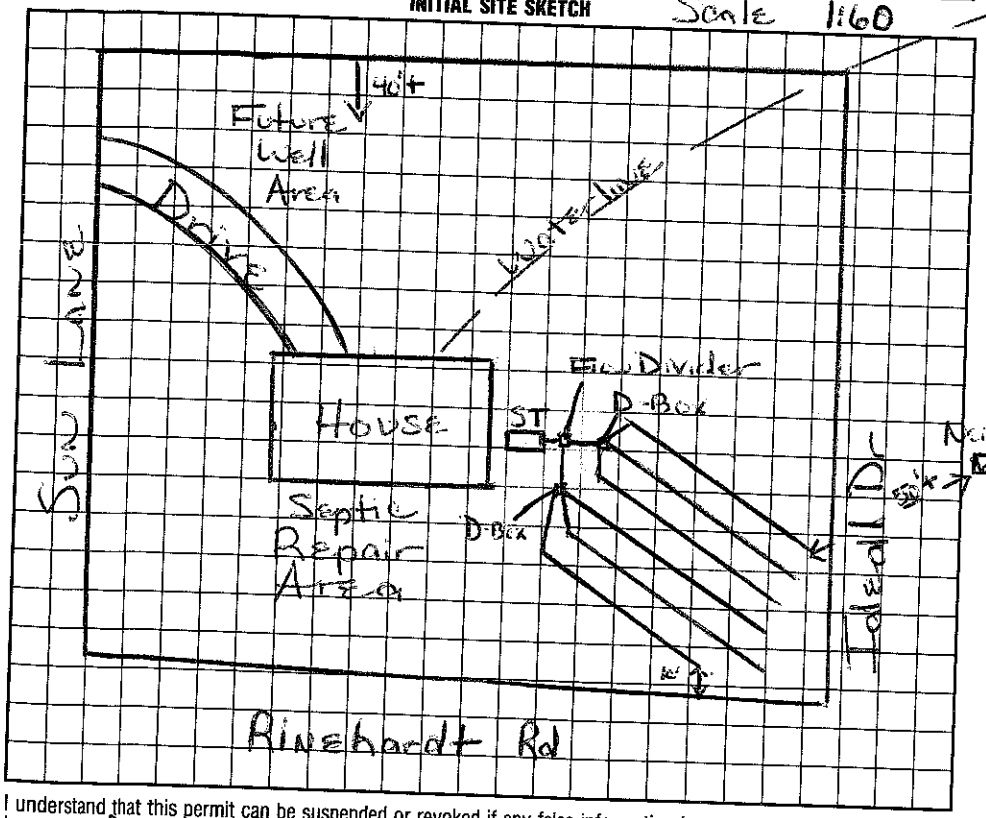
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Community ☐ Public

Comments: Keep Septic Tank & Drain lines at least 5' from House, 10' from Property lines & at least 50' from any well. Maintain 10' Separation between waterline & Septic System

Comments: Will be using Existing well but allowed room for Future well site.

INITIAL SITE SKETCH Scale 1:60



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: Deanna Belk 12/3/97

Improvement Permit by: [signature] date 11/26/97

~~System~~ Inspection by: [signature] date 11/26/97

Installed by: Larry Beam

Certificate of Completion by: ____ date ____

Operation Permit by: [signature] R.S. date 10/12/98

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