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. 3437 DATE 8/10/95 TAX MAP NO. 1M 16 A6

OWNER OR CONTRACTOR Pete Belk PHONE: Business 663-1638 Home 458-70-2090

ADDRESS 345 French Belk Rd, Mt Ulla, NC. 28125 Watershed: X Yes ☐ No

LOCATION Sun Ln. 2ND lot on (R)

SUBDIVISION Ketchie Acres BLOCK / SECTION II LOT 6 LOT AREA .722 SITE CLASS. PS. DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 9/13/95

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet * 300

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: INFILTRATOR

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes X No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

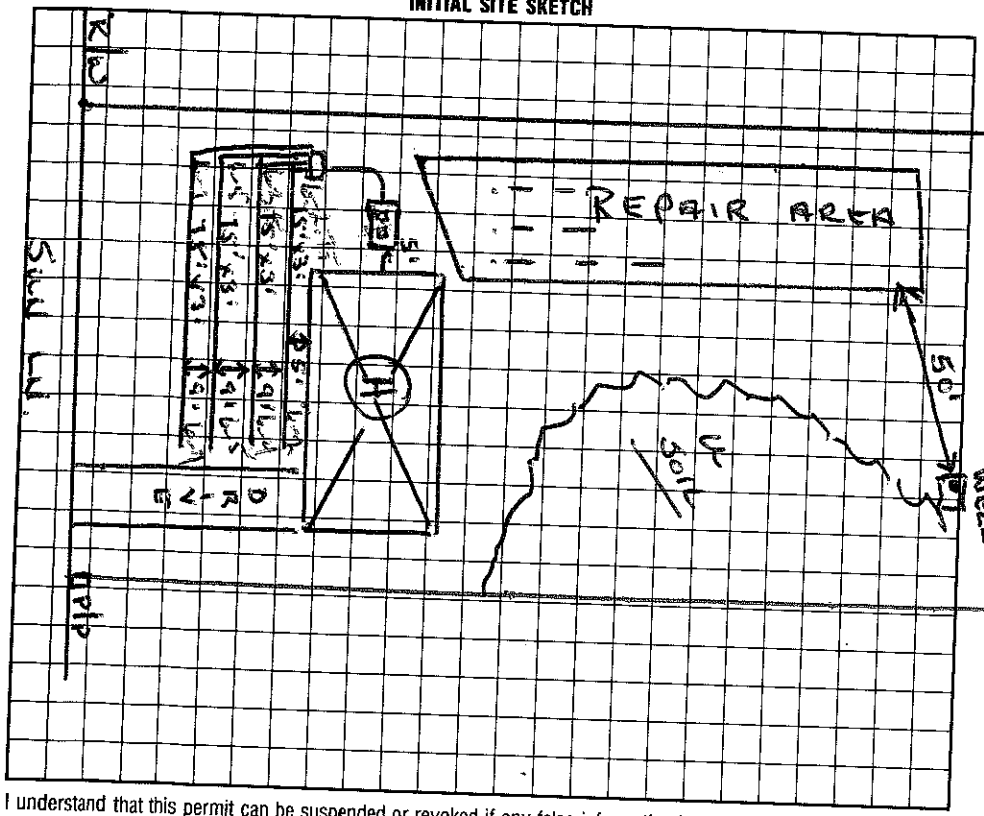
X Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: X Individual ☐ Community ☐ Public

Comments: * 25% reduction for Infiltrator

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.

Signed: Don Belk

Improvement Permit by: Wesley Sparks RS. date 8/10/95

Existing System Inspection by: Consultant: Wesley Sparks RS. date 10/24/95

Installed by: Larry Brown

Certificate of Completion by: ____ date ____

Operation Permit by: Wesley Sparks RS date 10/24/95

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