IREDELL COUNTY HEALTH DEPARTMENT

AUTHORIZATION TO CONSTRUCTION

4665259659

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

IMPROVEMENT PERMIT / ~~CERTIFICATE OF COMPLETION~~ / OPERATION PERMIT / EXISTING SYSTEM INSPECT.

PROPERTY DESCRIPTION NO. 24966 DATE 9/13/96 TAX MAP NO. 10-C-80 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR FRED + CAROLYN KEE PHONE: Business _____ Home 892-0477

ADDRESS PO BOX 156 MT. MOURNE 28123

LOCATION 115 - TL FAITH RD - TR SHEARERS - TR SMYRNA RD. AT END

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA — SITE CLASS. PS DESIGN FLOW 360GPD L.T.A.R. .25 GPD/FT

Septic Tank: 1000 Gallons; STB 183 Date 9/3/96

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480

No Lines 6 Trench Width 36" Max Trench Bottom Depth ~~*~~ 24" Gravel Depth 12"

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

System Description: GRAVITY CONVENTIONAL

Repair System Description: PANEL

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

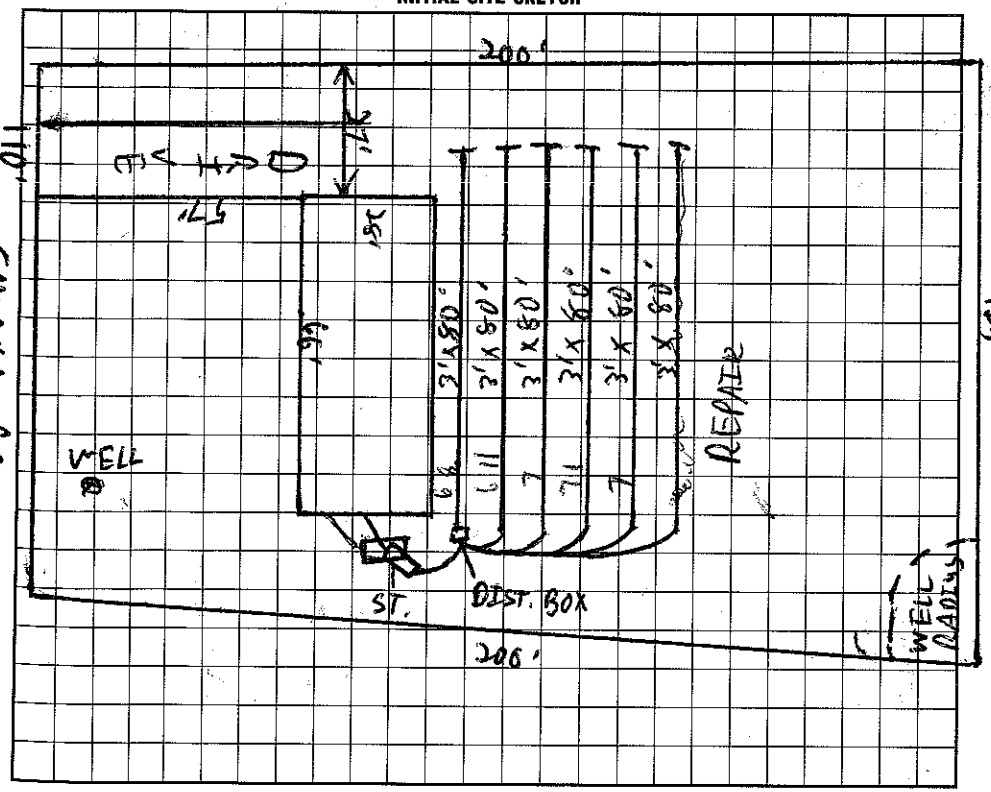
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

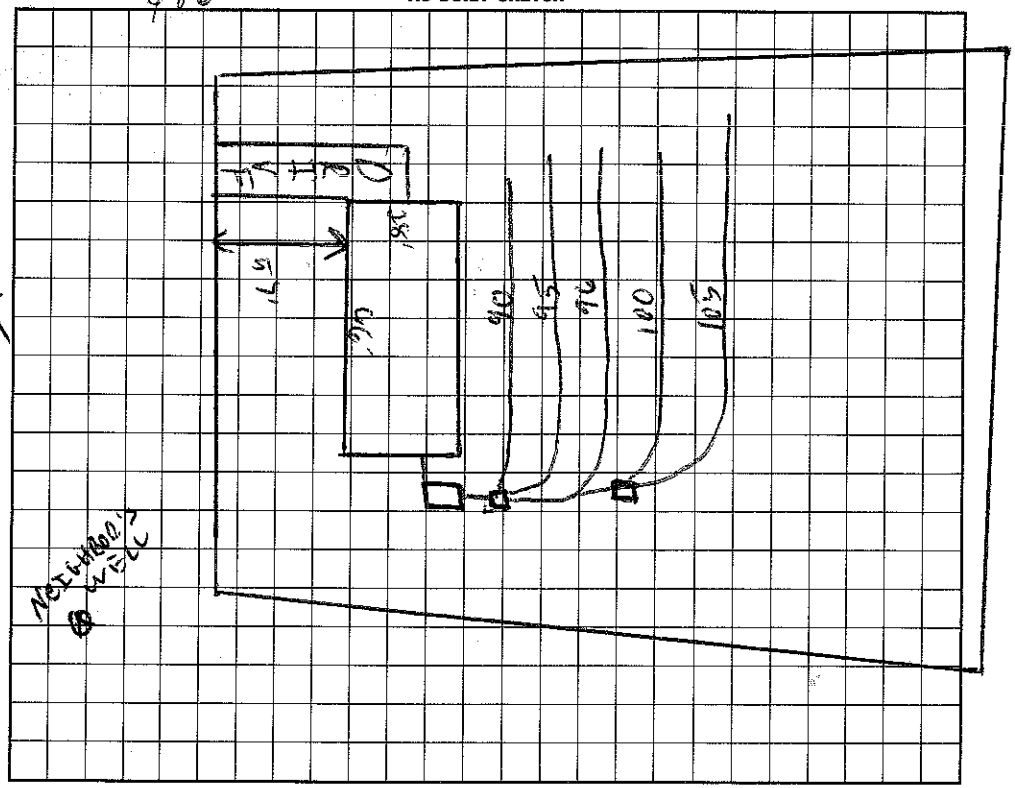
Comments:

Comments: '90
95
296
100
105
486

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: _____ Installed by: DAVID MILLER

Improvement Permit by: C. Ray Freeman EHSI date 9/13/96

Auth. To Existing System Inspection by: C. Ray Freeman EHSI date 9/13/96

CONST.

Certificate of Completion by: _____ date _____

Operation Permit by: C. Ray Freeman EHSI date 10/22/96

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