49082

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. 17090 DATE 10-14-93 TAX MAP NO. 3Q-1-B-30 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Tammy Keller PHONE: Business _____ Home 528-9686

ADDRESS Rt. 14, Box 285 Statesville, N.C. 28677

LOCATION I40W TL Old Mtn. Rd TR Buffalo shoals Rd TL Eufola Rd Ext. Bear R at fork, Lot on R after last Brick house on R.

SUBDIVISION R.T. Eidson Prop. BLOCK / SECTION _____ LOT _____ LOT AREA 110' x 200' SITE CLASS. P.S. DESIGN FLOW 360 L.T.A.R. .35 gpd/ft²

Septic Tank: 1000 Gallons; STB 901 Date 8-3-93

Pump Tank: — Gallons; PT — Date —

Pump Make: — Model — Serial No. —

Nitrification Field: No. Lines 1 Square Feet 1035 Linear Feet 345'

No Lines 4 Trench Width 36" Max Trench Bottom Depth 18"-36" Gravel Depth 12"

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

System Description: conventional, gravity

Repair System Description: PPBPS, gravity

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees —

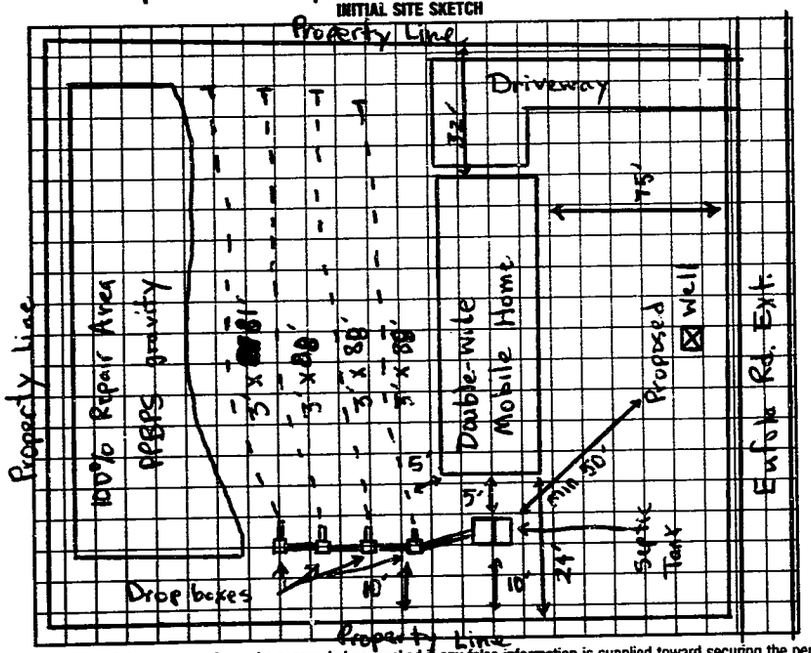
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: Saprolite, Reclassified as P.S. Keep Lines on contour. Keep system 5' from foundation of home, 10' from all property Lines, and Keep well min. 50' from any septic system. 100% Repair below system PPBPS, gravity Fed.

Comments: SW MH not on property at time of inspection. Well also not located at time of inspection. Keep well min. 50' from any septic system. Keep SW MH min. 5' from any part of septic system.

INITIAL SITE SKETCH



AS BUILT SKETCH

SAME AS INITIAL 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: Tammy Keller

Improvement Permit by: Michael G. Dennis date 10-14-93

Existing System Inspection by: _____ date _____

Installed by: Cline & Gilliam Grading

Certificate of Completion by: Michael G. Dennis date 10-15-93

Operation Permit by: _____ date _____

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