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. _____ DATE 7-9-97 TAX MAP NO. _____ Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Koala T Katering PHONE: Business _____ Home _____

ADDRESS 119 marshal Forest Lane

LOCATION 642 East Bell Fm Rd To marshal Forest Ln 1/8mi left

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA acreage SITE CLASS. PS DESIGN FLOW 900 Gal L.T.A.R. .125

Ex

Septic Tank: 1500 Gallons; STB _____ Date _____

Pump Tank: 1500 Gallons; PT _____ Date _____

Pump Make: Coutts Model WE05 iiH Serial No. K5152180

Nitrification Field: No Fields 1 Square Feet 2700 Linear Feet 900

No Lines 7 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: _____

Repair System Description: Pump to chambers

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms ____

☐ Mobile Home No. Bathrooms ____

☑ Business No. Employees ____

☐ Other catering

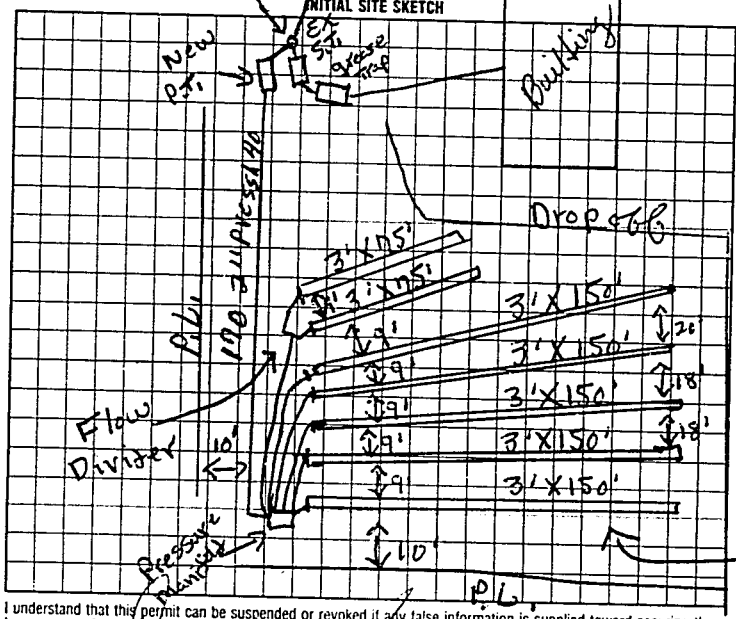
☑ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

Comments: D.B.A Ex Lines Bottom Valve

Comments: See Attached Sheets for Pump Tank & Pressure Manifold & clean outsetup which will be part of This Permit.

INITIAL SITE SKETCH



AS BUILT SKETCH

This Permit Replaces one issued 7-29-93

Inspected Drain lines 11-4-97 Jem

Inspected Drain lines & Dist Pressure Test & Draw Down 12-1-97 Jem

All Lines are No. 2 on valve

EXISTING Parking lot discontinued Remove Gravel Sow back with grass

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: X William Kalmig

Improvement Permit by: J.C. Moore date 7-9-97

Existing System Inspected by: J.C. Moore date 7-9-97

Authorization to count

Installed by: Tommy Frye

Certificate of Completion by: _____ date _____

Operation Permit by: J.C. Moore date 12-16-97

Authorization to count EXPIRES 60 MOS from Issue.

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