46305

# 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. 15796 DATE 9/14/93 TAX MAP NO. 11K-A-42

OWNER OR CONTRACTOR JOE & JAN KELLER PHONE: Business _____ Home _____

ADDRESS _____

LOCATION US 64 E, ON (L) ~ 0.25 MILE PAST WOODLEAF ROAD

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 4.25 AC SITE CLASS. PS L.T.A.R. 0.35 GPD/FT2

Water Supply: ☐ Individual ☐ Community ☑ Public

Septic Tank: 1000 Gallons; STB 358 Date 7/30/93

Pump Tank: _____ Gallons; PT _____ Date _____

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345

No Lines 3 Trench Width 36" Trench Depth 36" Gravel Depth 12"

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

System Description: CONV. GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3 Garbage Disposal: ☐ Yes ☑ No

☐ Mobile Home No. Bathrooms 2 Auto. Dishwasher: ☑ Yes ☐ No

☐ Business No. Employees _____ Auto. Washing Machine: ☑ Yes ☐ No

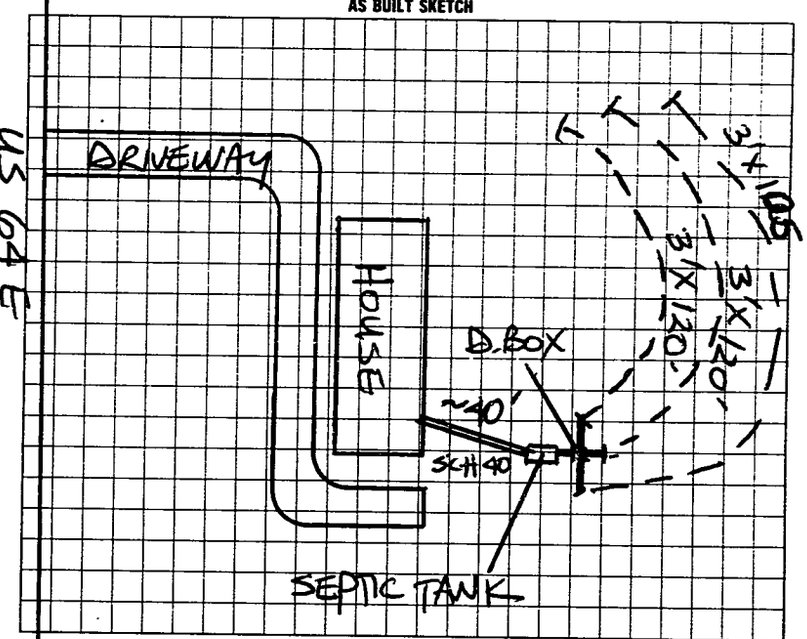
☐ Other _____ Other _____

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

Comments _____

**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. Improvement Permit is valid for 60 months from date of issuance.

Signed: _____

Improvement Permit by: J.C. MOORE date 2/11/93

Existing System Inspection by: _____ date _____

Installed by: DONALD LACKEY

Certificate of Completion by: STEVE HEDRICK date 9/14/93

Operation Permit by: _____ date _____

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