IREDELL COUNTY HEALTH DEPARTMENT

* AUTHORIZATION TO CONSTRUCT

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

IMPROVEMENT PERMIT / ~~CERTIFICATE OF COMPLETION~~ / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 066631 DATE ~~5/27~~ 6/4/97 TAX MAP NO. 4842350489

OWNER OR CONTRACTOR MICHAEL KELLER PHONE: Business _____ Home 539-5109 Watershed: ☐ Yes ☒ ~~No~~

ADDRESS 3435 JENNINGS RD UNION GROVE 28689

LOCATION 21N - TL ~~FROM STATE~~ JENNINGS RD - TL EUPEPTIC SPRINGS ¼ MILE ON RT

SUBDIVISION KELLER BLOCK / SECTION _____ LOT 3 LOT AREA 1 AC SITE CLASS. PS DESIGN FLOW 240 GPD L.T.A.R. 3600 SQ FT

Septic Tank: 1000 Gallons; STB 1017 Date 4-27-97

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet ~~540~~ 301 Linear Feet 267

No Lines 4@67' Trench Width 36" Max Trench Bottom Depth ~~22~~ 20" Gravel Depth 12"

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

System Description: GRAVITY CONVENTIONAL

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

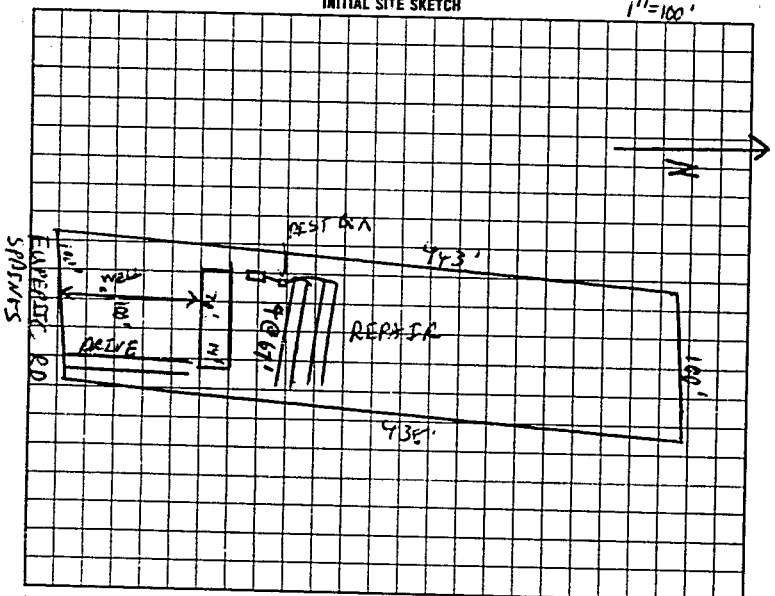
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: WELL IS TO BE 40' OFF PROPERTY LINES AND 100' OFF SEPTIC AREA.

Comments:

INITIAL SITE SKETCH 1"=100'



AS BUILT SKETCH

Installed as shown

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: Michael B. Keller 6/4/97

Improvement Permit by: C. [signature] date 6/4/97

~~Existing System Inspection by:~~ ANTICIPATION C. [signature] date 6/4/97

TO CONSIDER

Installed by: Kenny Madison

Certificate of Completion by: _____ date _____

Operation Permit by: [signature] date 6-27-97

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