IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 089382 PIN# 4627 66 9193 DATE 2/22/01

OWNER OR CONTRACTOR 1222 WYNN BROOK Wy. CONCORD, NC. 28027 PHONE: Business Home 704-782-8780

ADDRESS DAVID L KISER II

LOCATION 145 HOGANLN.

SUBDIVISION — CLT BLOCK / SECTION 10 LOT 14 LOT AREA .71AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .35

Septic Tank: 1000 Gallons; STB ~~1000~~ 1500 Date 12/00

Pump Tank: 1000 Gallons; PT ~~1000~~ 1500 Date 12/00

Pump Make: HYDRO. Model SHEF 40AH Serial No. 12/00

Nitrification Field: No Fields 1 Square Feet 514 Linear Feet 175

No Lines 5@35' Trench Width 3' Max Trench Bottom Depth 3'

~~Gravel Depth~~ SAND

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

System Description: PM – 16" PPBPS

Repair System Description: < 1983

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees

☐ Other

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

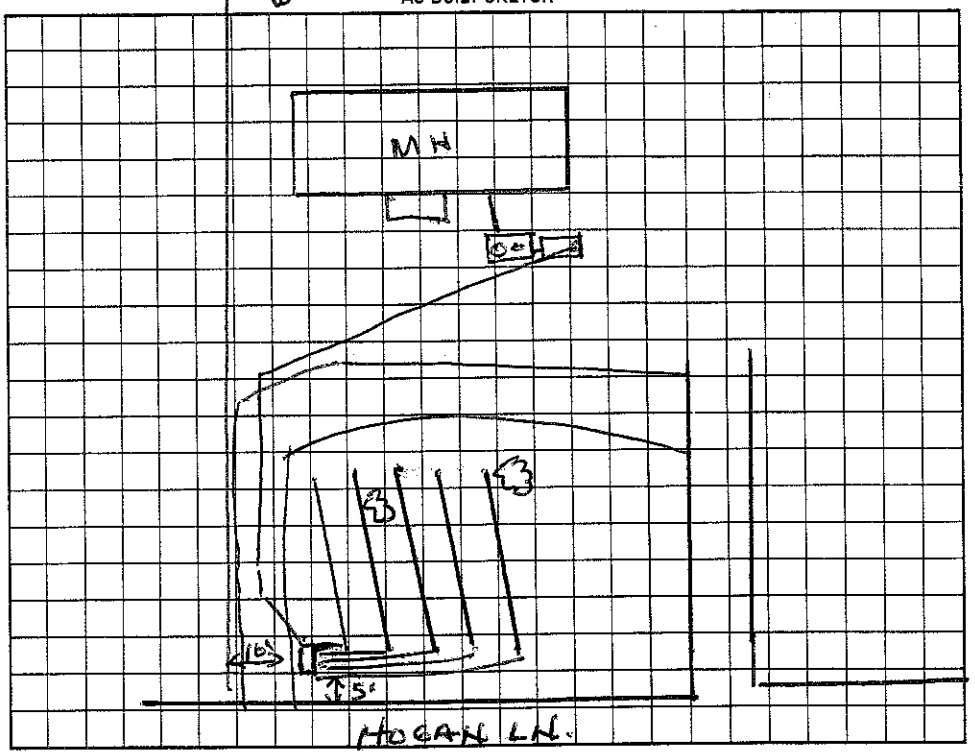
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions: 2/22/01 - Extra chase added after system installed.

INITIAL SITE SKETCH

AS BUILT SKETCH



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 with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: _____ date _____

Improvement Permit by: CBF date _____

Authorization to Construct by: CBF date _____

Installed by: High Rock Specialties - L33-8195

Operation Permit by: Wesley Sparks RS. date 2/22/01

Existing System Inspection by: _____ date _____

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

130 - 200 Paid 12500 DT Att: Charlie

IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 089382 PIN# 4627669193 DATE 7/31/00

OWNER OR CONTRACTOR David L. Kiser PHONE: Business _____ Home (704) 782-8780

ADDRESS 1222 Wynnbrook Wy Concord NC 28027

LOCATION 145 Hogan Ln. 180 W, L Paradise Pean, L Green Bay, R Hogan on RT

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA .71AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.35

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: 1000 Gallons; PT _____ Date _____

Pump Make: HYDROMATIC Model SIT-EF 40 Serial No. 12/00

Nitrification Field: No Fields 1 Square Feet 514 Linear Feet 175

No Lines 5@35' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

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

System Description: PM - PPBS

Repair System Description: Deeded Prior to 1983

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

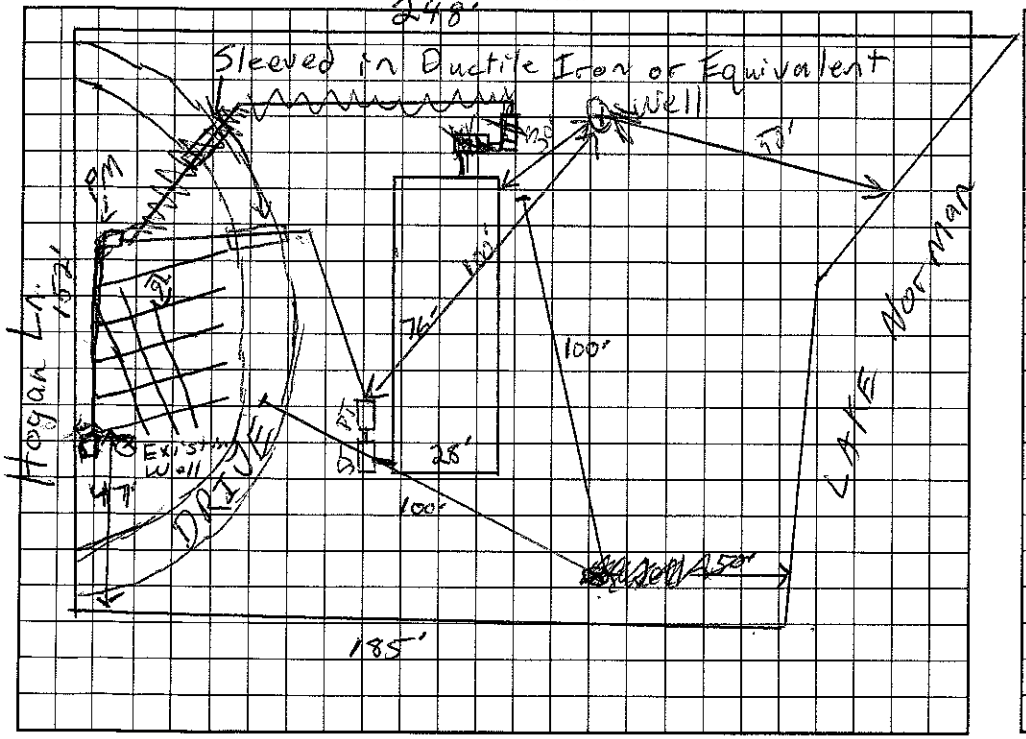
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

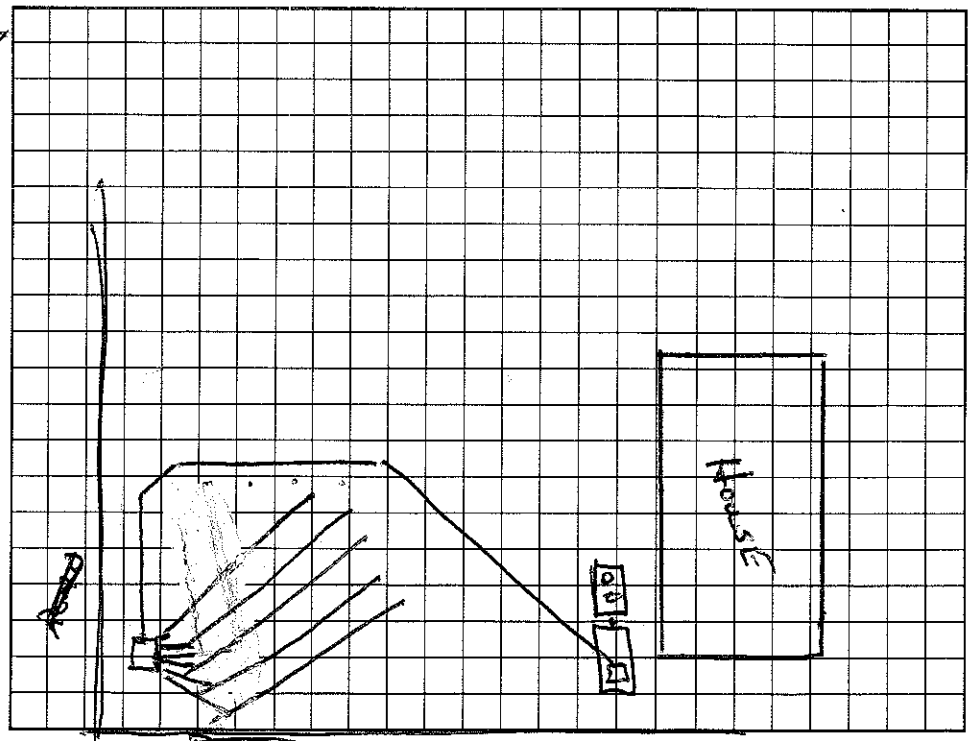
Comments:/Conditions: Deeded Prior to July 1, 1977 Lines Can come to 5' from property Line Existing Well must be properly Abandoned Keep Well 100' From system 50' from Lake

Comments:/Conditions: Tank location & well location changed 10/9/00 GM

INITIAL SITE SKETCH



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the system. Unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Mary H. Kiser date 8-4-00 Installed by: High Rock Specialties - 633-8185

Improvement Permit by: RST date 7/31/00 Operation Permit by: _____ date _____

Authorization to Construct by: RST date 7/31/00 Existing System Inspection by: _____ date _____

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