IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 078942 PIN# 4679547241 / 4679546251 DATE 7/28/00

OWNER OR CONTRACTOR Kenneth Kiser PHONE: Business _____ Home (704) 664-5055

ADDRESS 273 Williamson Rd Mooresville NC 28117

LOCATION Hwy 801 N, 3rd Lot on Rt past Sloop Rd.

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 2.86 Ac. SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 425 Date 3/8/01

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5 @ 80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Grav. Conv.

Repair System Description: Pump 25% Red.

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

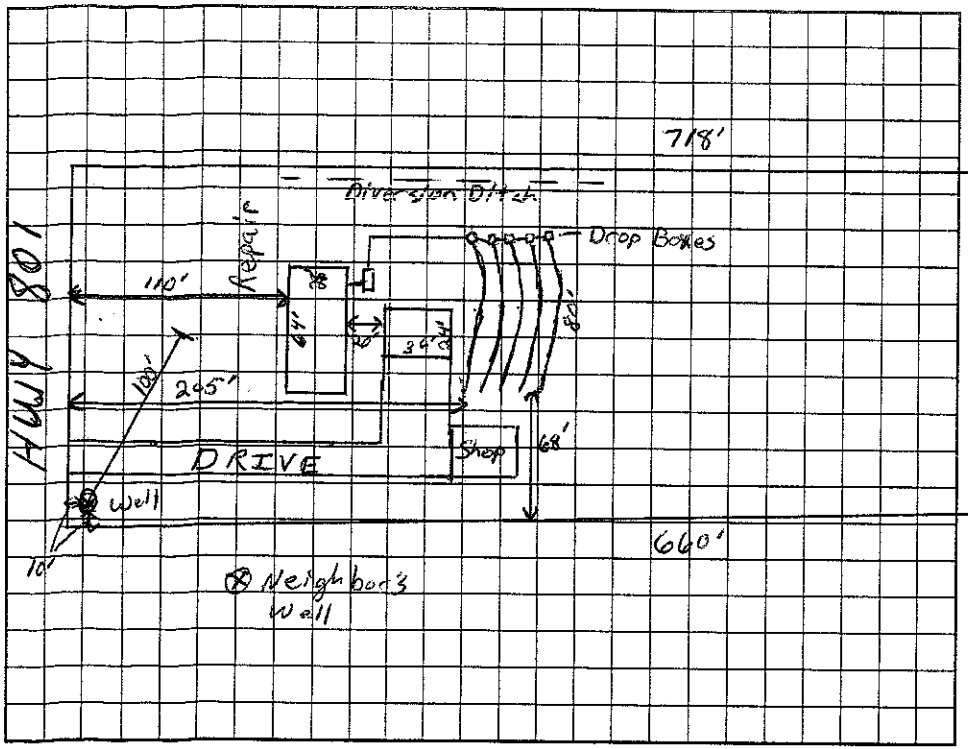
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

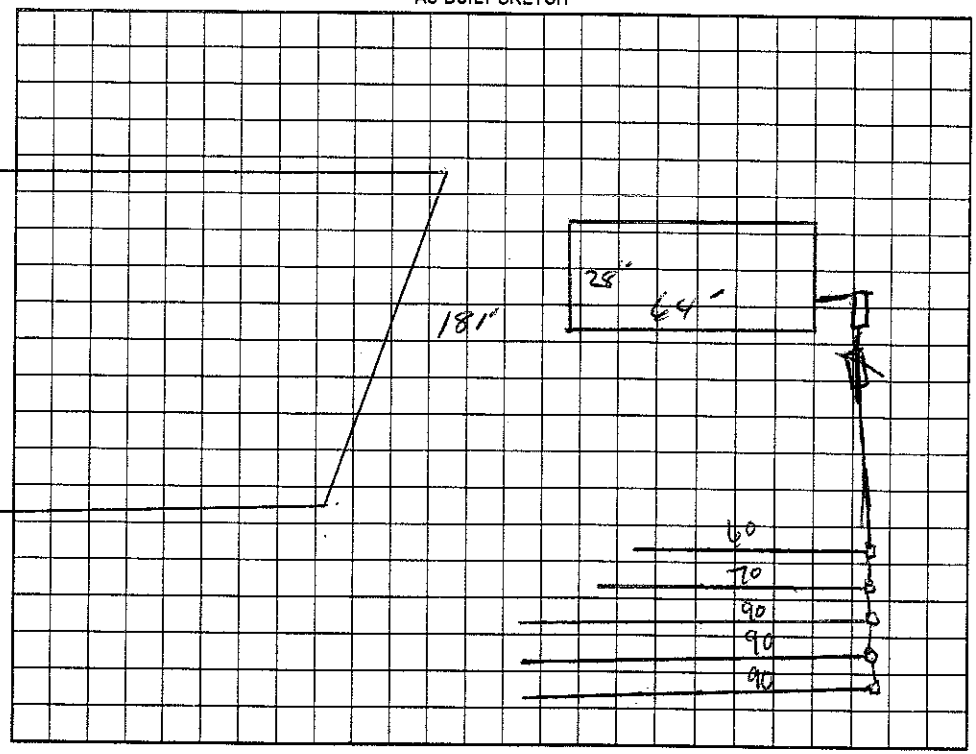
Comments/Conditions: Keep all wells 100' from septic System - Install Lines on Contour

Comments/Conditions:

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: Kenneth R Kiser date _____ Installed by: Rowan Septic

Improvement Permit by: Gary McNeely RSI date 7/28/00 Operation Permit by: Gary McNeely RSI date 4/10/01

Authorization to Construct by: Gary McNeely RSI date 7/28/00 Existing System Inspection by: _____ date _____

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