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. 22837 DATE 12-6-95 TAX MAP NO. 8T-A-80 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR KAREN KISER PHONE: Business _____ Home 872-6590

ADDRESS 148 SUZANNE LN. STATESVILLE N.C. 28677

LOCATION I-40 W, TL OLD MTN. RD, TR HWY 70, TL SHARP REST RD, TR SUZANNE LN. 8TH LOT ON RT.

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.5 ACRE SITE CLASS EXIST. DESIGN FLOW 240 L.T.A.R. EXISTING

Septic Tank: _____ Gallons; STB _____ Date _____

Pump Tank: EXISTING Gallons; PT SYSTEM Date INSP.

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ____ Square Feet _____ Linear Feet _____

No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: EXISTING SYSTEM

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other

No. Bedrooms 2 No. Bathrooms 2 No. Employees ____

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

Water Supply: ☒ Individual ☐ Community ☐ Public

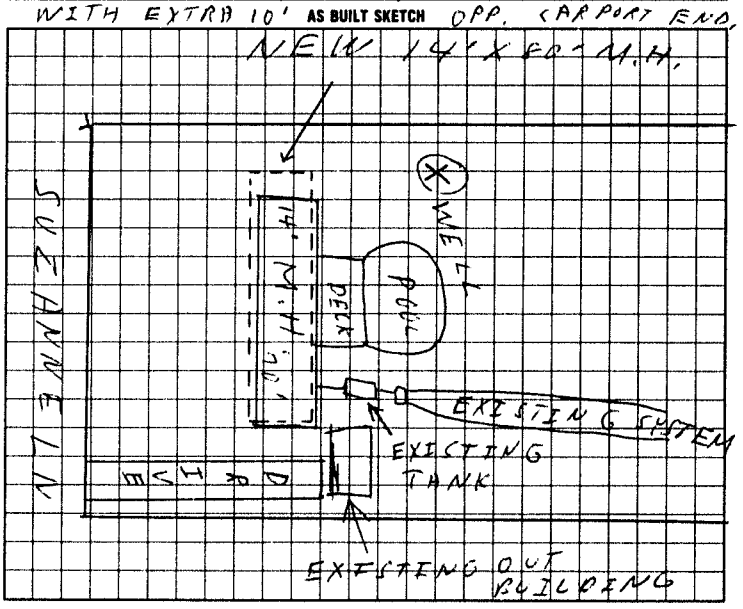
Comments:

Comments: MOVING OFF 14'X70' 2 BEDROOM S.W.M.H. REPLACING WITH 14'X60' 2 B.R. S.W.M.H. HOME TO BE LOCATED IN SAME LOCATION AS PRIOR HOME WITH EXTRA 10' OPP. CARPORT END.

INITIAL SITE SKETCH

KEEP HOME 5' FROM SYSTEM, SYSTEM SHOWS NO VISIBLE SIGNS OF MALFUNCTION AT TIME OF INSP. (CORNER LINES TOO DEEP TO PROBE)

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.

Signed: _____

Improvement Permit by: _____ date _____

Existing System Inspection by: Bradley Stallard & Michael Simms date 12-6-95

Installed by: _____

Certificate of Completion by _____ date _____

Operation Permit by _____ date _____

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