3:00

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. 16687 DATE 7-22-93 TAX MAP NO. 8K-8-A-67

OWNER OR CONTRACTOR Rondal C. Kiser PHONE: Business _____ Home 872-4984

ADDRESS Rt. 13 Box 311 Statesville, N.C. 28677

LOCATION I40W, TL Old Mtn. Rd. TL Bethlehem Rd. TL Austin Lane TR Sonja Dr. 1st house on L.

SUBDIVISION Mountain Rd. Village BLOCK / SECTION _____ LOT 67 LOT AREA 121' x 201' SITE CLASS. P.S. L.T.A.R. .35 gpd / ft²

Water Supply: ☐ Individual ☐ Community ☑ Public county water

Septic Tank: 1500 Gallons: STB 750 Date 7-7-93

Pump Tank: — Gallons: PT — Date —

Nitrification Field: No Fields 1 Square Feet 1380 Linear Feet 460'

No Lines 6 Trench Width 36" Trench Depth 24"-32" Gravel Depth 12"

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

System Description: conventional, gravity

Repair System Description: Pump to Conventional

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 4 No. Bathrooms 2 No Employees —

Garbage Disposal: ☐ Yes ☑ No

Auto. Dishwasher: ☑ Yes ☐ No

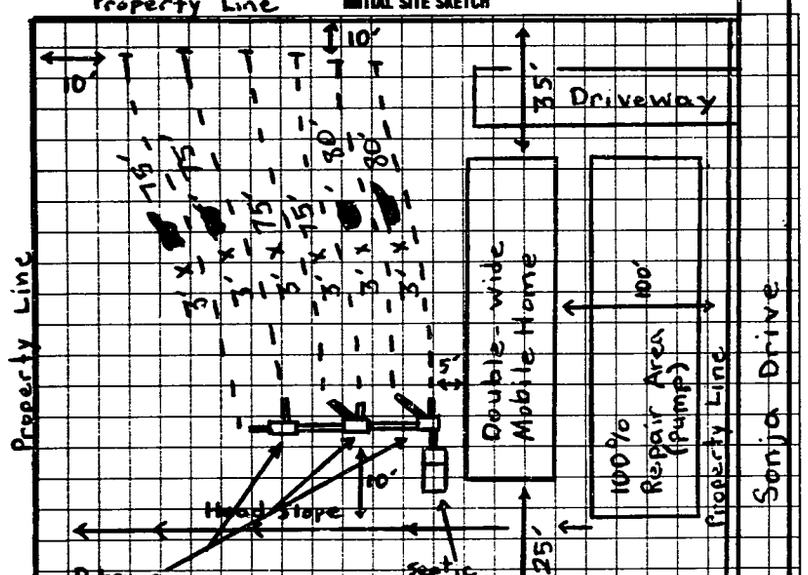
Auto. Washing Machine: ☑ Yes ☐ No

Other _____

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

Comments Keep Nitrification Lines on contour, Keep system 5' from foundation of home, 10' from all property lines, and 10' from water line. Install drainlines 24"-32" in depth. 100% Pump to conventional Repair. Cut ditch in head slope to narrow path of water drainage.

INITIAL SITE SKETCH



AS BUILT SKETCH

SAME AS INITIAL 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: Michael J. Dennis date 7-22-93

Existing System Inspection by: _____ date _____

Installed by: A-1 Backhoe

Certificate of Completion by: Michael J. Dennis date 8-26-93

Operation Permit by: _____ date _____

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