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 23069 DATE 1-2-96 TAX MAP NO 66-B-3 Watershed: Yes ✓ No

OWNER OR CONTRACTOR ROGER KISER PHONE Business 872-5497 Home 528-4668

ADDRESS 431 NEW STERLING ROAD, STONY POINT, NC 28678

LOCATION US 70 W, TL AIRPORT ROAD, TL ANGDALE LANE, PS 1ST MH LOT ON RIGHT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA LIMITED SITE CLASS PS DESIGN FLOW 240 L T A R EXISTING

Septic Tank: EXISTING Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No _____

Nitrification Field: No Fields ___ Square Feet _____ Linear Feet EXISTING

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

New System Repair System Type CONV. GRAVITY

System Description _____

Repair System Description _____

Maintenance Agreement Required Yes ✓ No

Slab ✓ Crawl Space Basement w/plumbing Basement wo/plumbing

✓ House/Mod Home No Bedrooms 2

✓ Mobile Home No Bathrooms 2

Business No Employees ___

Other _____

Water Supply

Individual

Community

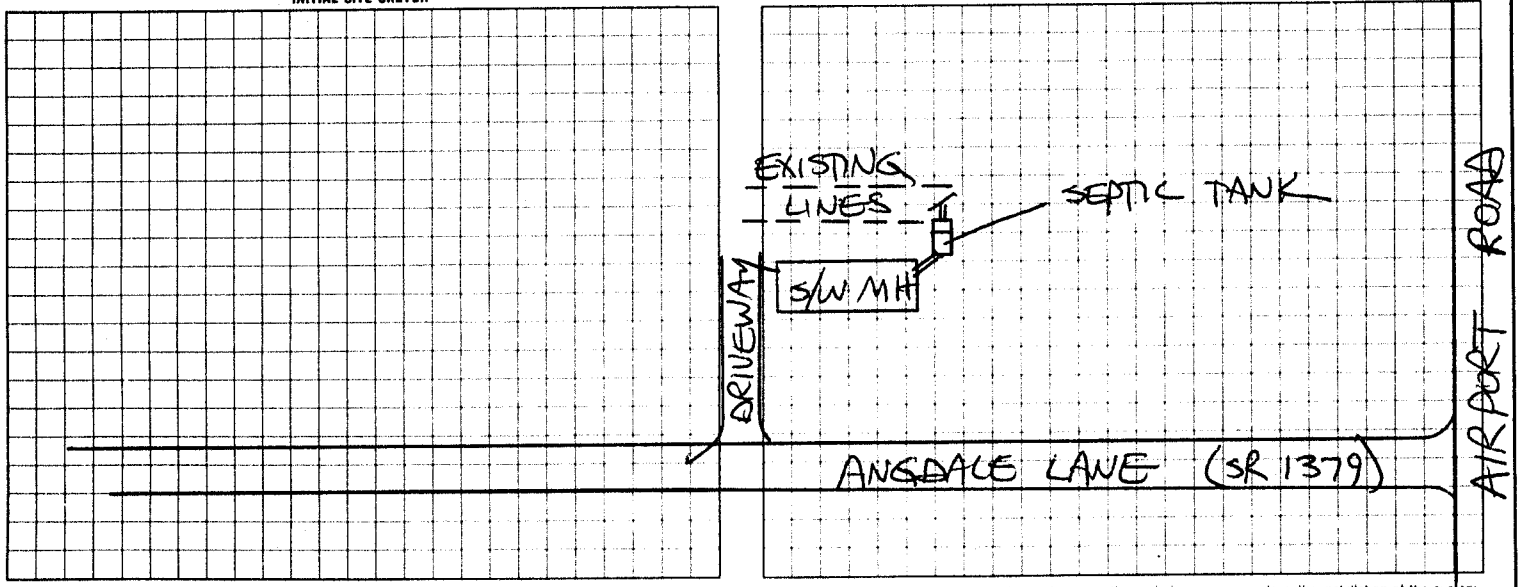
✓ Public

Comments:

Comments KEEP MH MINIMUM 5' FROM SYSTEM

INITIAL SITE SKETCH

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 STEVE HEDRICK date 2-2-96

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