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. 22779 DATE 11-30-95 TAX MAP NO. 6E-B-3 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Rebeca Kiser PHONE: Business _____ Home 872-5497

ADDRESS 421 New Sterling Rd. [redacted] Stony Point, N.C. 28678

LOCATION I-40W TL Stamey Farm Rd TL Hwy 70 TR Airport Rd TL Angdale Lane, 9th Lot on R

SUBDIVISION Redmonds MHP BLOCK / SECTION - LOT 9 LOT AREA — SITE CLASS Existing DESIGN FLOW 240 L.T.A.R. Existing

Septic Tank: _____ Gallons; STB _____ Date _____

Pump Tank: Existing Gallons; PT _____ Date _____

Pump Make: _____ Model System Serial No. Inspection

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: Inspection

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:

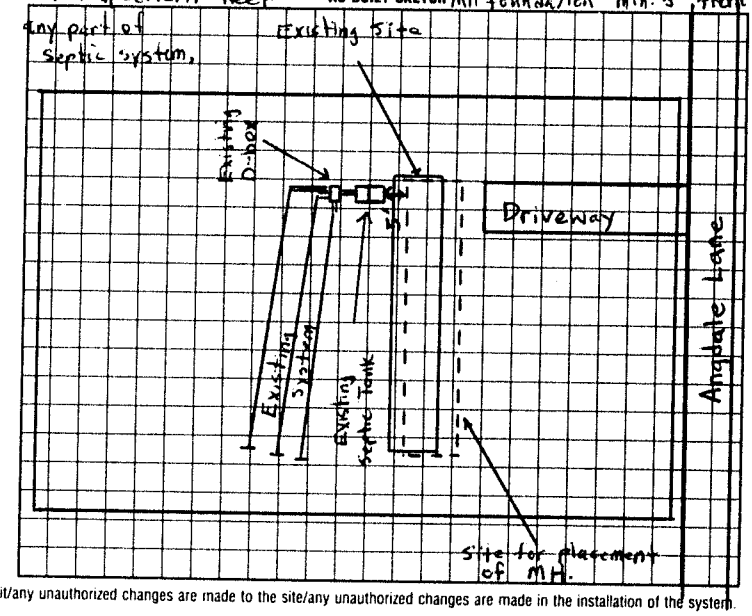
Comments: Moving 2 Bedroom SW MH on existing lot. Place home to be moved on lot min. 3' forward from site of where prior home was placed to keep min. 5' from septic system. System shows no visible signs of malfunction at time of inspection. Keep MH foundation min. 5' from any part of septic system.

INITIAL SITE SKETCH

* LOT VACANT AT TIME OF INSPECTION.

- prior home was placed to close to septic system

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: Michael J. Dennis date 11-30-95

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