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. 26115 DATE 2-20-97 TAX MAP NO. 4870 87 3559 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR ROGER KISER PHONE: Business _____ Home 881-0969

ADDRESS P.O. BOX 304, HARMONY, NC 28634

LOCATION US 21 N TR HIGHLAND AVE, TR RAMON RD TR PEPPERTREE TR CEDARVALE DR 2ND LOT ON (L)

SUBDIVISION SAGEFIELD BLOCK / SECTION II LOT 43 LOT AREA 2.999 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons: STB 1012 Date 2-3-97
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 60 TO 1200 Linear Feet 300'
No Lines FIVE Trench Width 36" Max Trench Bottom Depth 38" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, (III) IV, V, VI
System Description: CHAMBERED GRAVITY
Repair System Description: CHAMBERED GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No

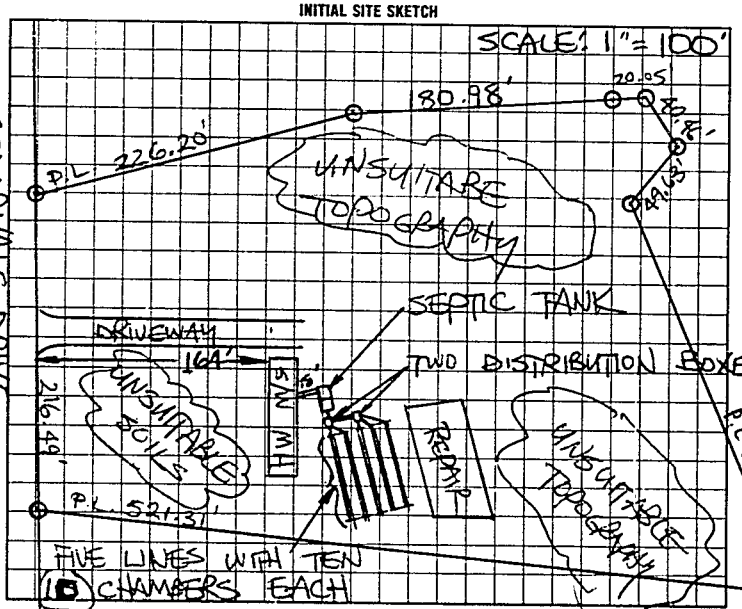
☐ House/Mod. Home No. Bedrooms 3
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

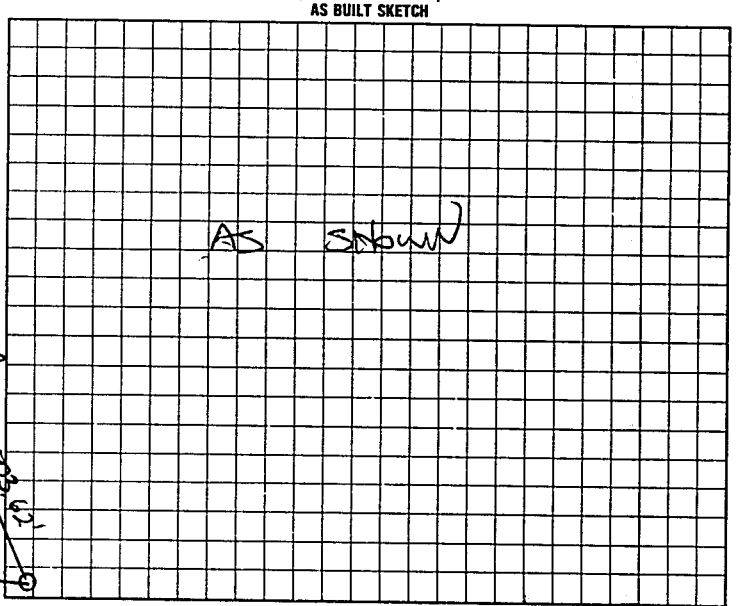
Comments: (1) INSTALL SD CHAMBERS IN FIVE EQUAL LENGTH LINES ON CONTOUR, NO DEEPER THAN 28" (2) USE TWO DISTRIBUTION BOXES FOR SERIAL DISTRIBUTION

Comments: SYSTEM INSTALLED OUT OF CONTOUR WHICH MAY AFFECT DISTRIBUTION

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. Improvement Permit is valid for 60 months from date of issuance. AUTHORIZATION TO CONSTRUCT IS VALID FOR 60 MONTHS FROM DATE OF ISSUANCE.

Signed: X Roger Kiser

Installed by: ANDY DANIELS

Improvement Permit by: STEVE HENDRICK date 2-20-97

Addl. to Const. Existing System Inspection by: STEVE HENDRICK date 2-20-97

~~Certificate of Completion~~ by: _____ date _____

Operation Permit by: STEVE HENDRICK date 4-9-97

HEALTH DEPT COPY WHITE INSPECTION COPY (FINAL) GREEN OWNER COPY (FINAL) YELLOW INSPECTION COPY (INITIAL) PINK OWNER COPY (INITIAL) BLUE