IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 088528 PIN# 4638336115 DATE 4-5-2000

OWNER OR CONTRACTOR Robert Harton PHONE: Business _____ Home (336) 983-9868

ADDRESS 3515 Spainhour Mill Rd. Tobaccoville, NC 27050

LOCATION 630 Normandy Rd - Perth Rd TL Normandy 2 miles on right

SUBDIVISION C L & T BLOCK / SECTION 11 LOT 140 LOT AREA .86 Acre SITE CLASS. PS DESIGN FLOW 240 gpd L.T.A.R. _____ Computer Rm

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 750' Linear Feet 250

No Lines 3 @ 84' Trench Width 36" Max Trench Bottom Depth _____ Gravel Depth 10+

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

System Description: Existing Gravity-Conventional

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 2+

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

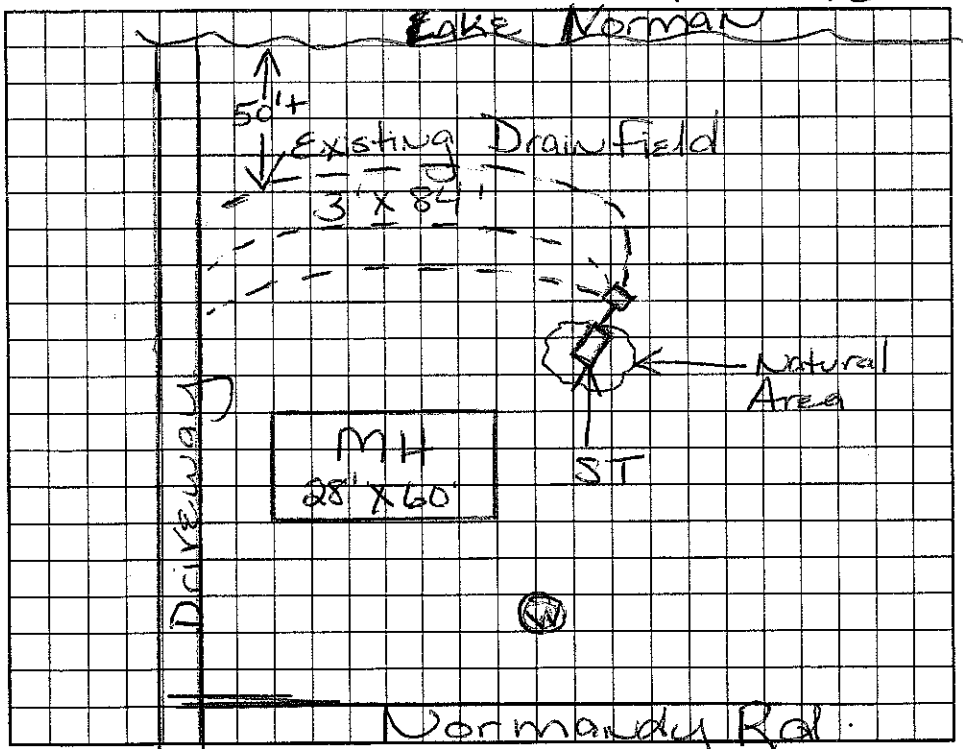
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

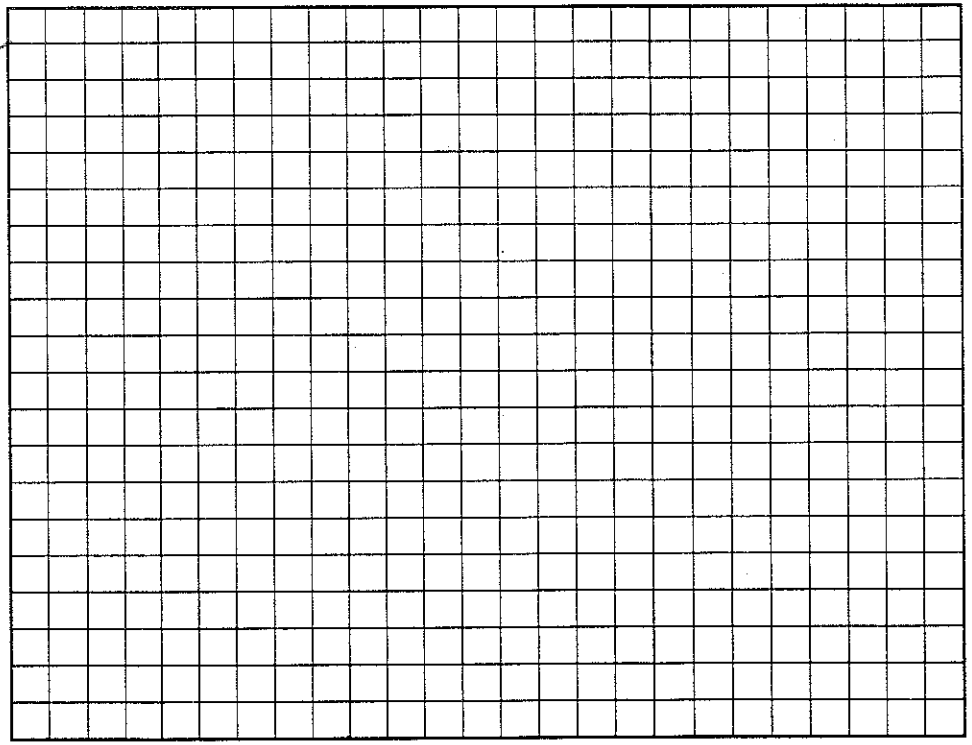
Comments:/Conditions: Existing Septic System appears to be functioning okay NO problems Noticed at time of inspection.

Comments:/Conditions: Septic okay For 2 Bedroom + Computer Room. Original Septic System installed 5/79.

INITIAL SITE SKETCH Not to Scale



AS BUILT SKETCH



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 with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: X Robert M. Harton date _____

Improvement Permit by: Maina H. Dotson RS date 4/5/2000

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: Maina H. Dotson RS date 4/5/2000

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