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. 16869 DATE 6-4-97 TAX MAP NO. 4706046815 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Floyd E. Harpe PHONE: Business Home 704-876-2898

ADDRESS 230 Echo Glen Drive Statesville

LOCATION 64 West TL 1st Lackey Farm Rd TR Cherry Blossom Manu Left

SUBDIVISION Richmont Hills BLOCK / SECTION LOT 5 LOT AREA 2.29 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 12

Septic Tank: 1000 Gallons; STB 1007 Date 8-6-97

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Conv. Gravity

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

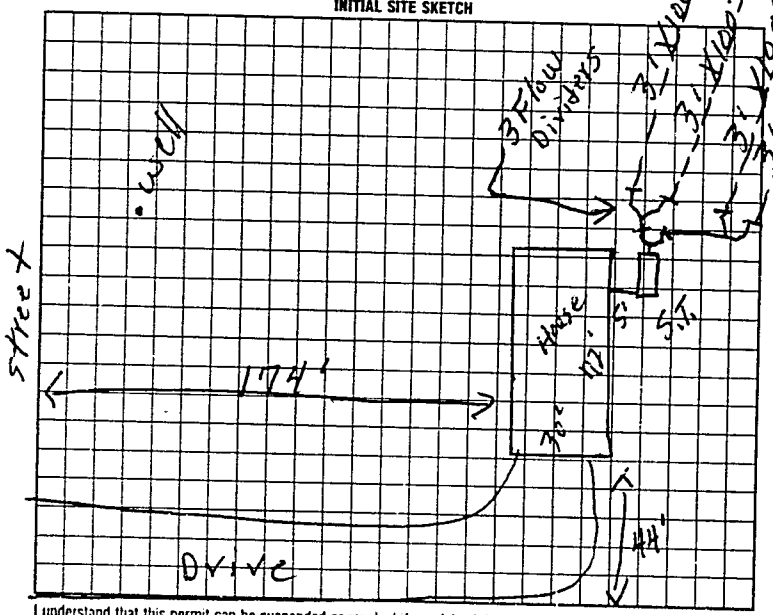
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

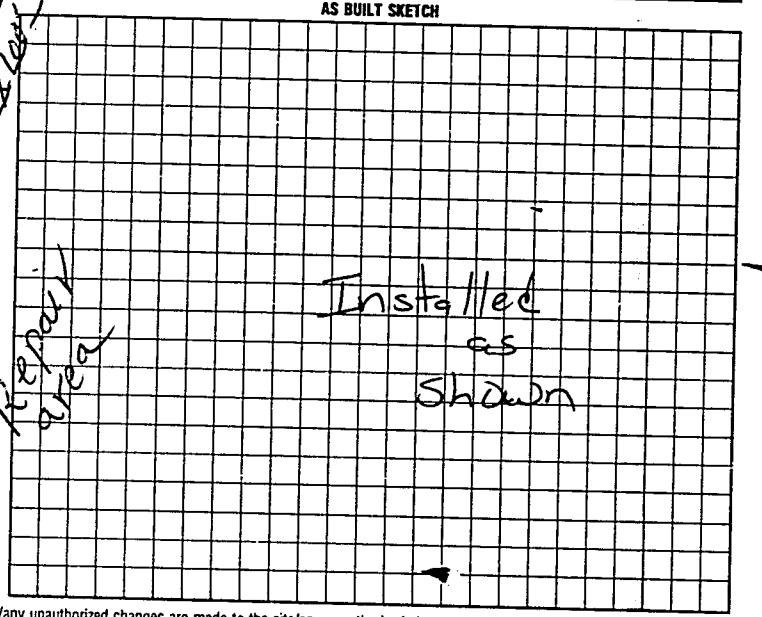
Comments:

Comments:

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.

Signed: Floyd E Harpe Jr.

Improvement Permit by: Authorization to cont P.C. Moore date 6-4-97

Existing system inspection by: Authorization to cont P.C. Moore date 6-4-94

Installed by: Kenny Pearson

Certificate of Completion by: date

Operation Permit by: Mark C Oakes RS date 9-9-97

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

Authorization to cont EXPIRES 60 mos from issue

E86000