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. REPAIR DATE 8/13/93 TAX MAP NO. REPAIR

OWNER OR CONTRACTOR JOE HARRIS PHONE: Business Home 585-2583

ADDRESS RT. 2 BOX 206 STONY POINT NC 28678

LOCATION NC 90 W, TR MIDWAY ROAD, TL HARRIS BRIDGE ROAD, CROSS BRIDGE 1ST (H) ON (R)

SUBDIVISION BLOCK / SECTION LOT LOT AREA SITE CLASS PS L.T.A.R. 0.40 GPA/FT

Water Supply: ✓ Individual ☐ Community ☐ Public WELL

Septic Tank: EXISTING Gallons: STB Date

Pump Tank: Gallons: PT Date

Nitrification Field: No Fields 1 Square Feet 600 Linear Feet 200

No Lines 2 Trench Width 36" Trench Depth 18-30" 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 2 Garbage Disposal: ☐ Yes ☐ No

☐ Mobile Home No. Bathrooms 1 Auto. Dishwasher: ☐ Yes ☐ No

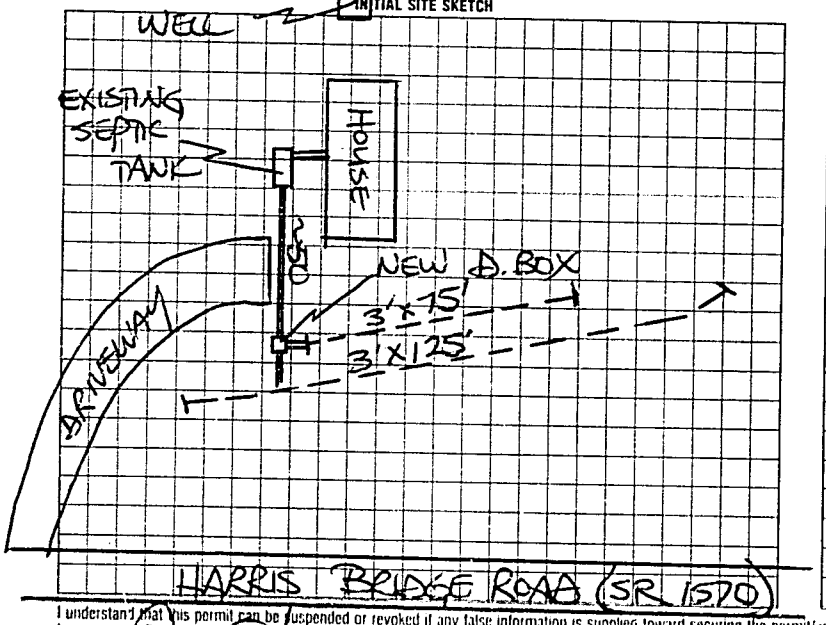
☐ Business No. Employees Auto. Washing Machine: ☐ Yes ☐ No

☐ Other Other

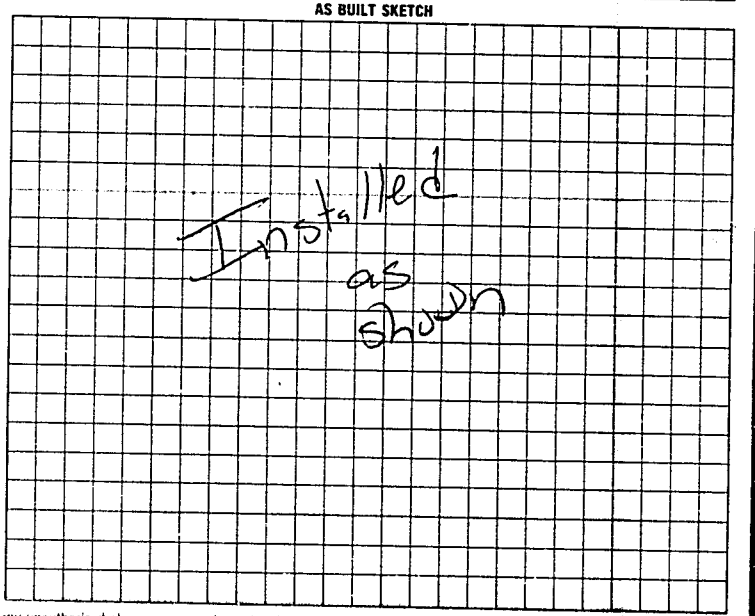
☐ Slab ✓ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

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: [signature]

Improvement Permit by: STEVE HEDRICK date 8/13/93

Existing System Inspection by: date

Installed by: A-1 Backhoe

Certificate of Completion by: date

Operation Permit by: [signature] date 4-10-97

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