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 STONEY POINT NC 28678

LOCATION NC 90 W, TR MIDWAY ROAD, TL HARRIS BRIDGE ROAD, CASS BRIDGE LI (H) ON (R)

SUBDIVISION BLOCK / SECTION LOT LOT AREA SITE CLASS PS L.T.A.R 0.90 GAL/FT2

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

Mobile Home No. Bathrooms 2

Business No. Employees

Other

Garbage Disposal: | | Yes (No)

Auto. Dishwasher: (Yes) | | No

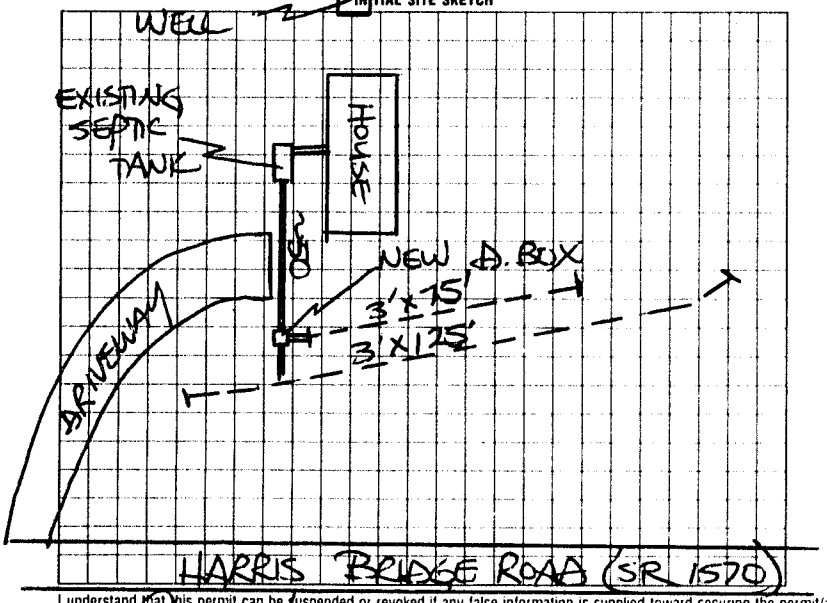
Auto. Washing Machine: ✓ Yes | | No

Other

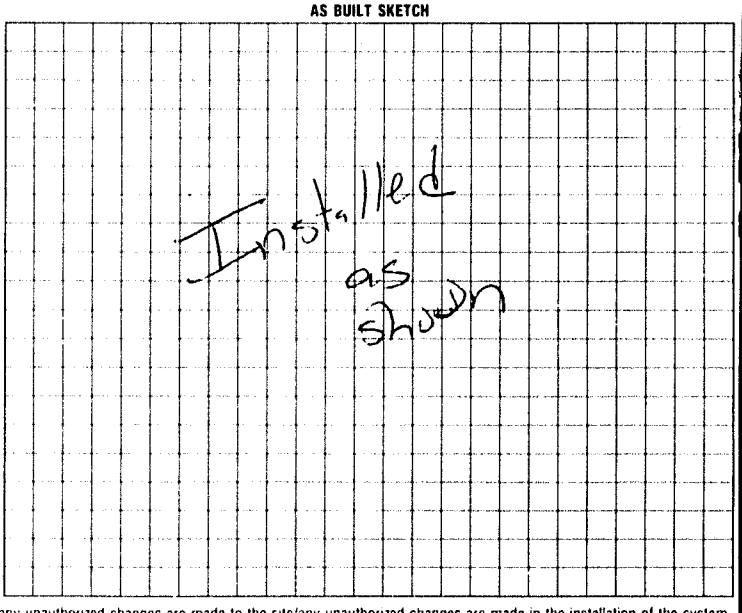
Slab ✓ Crawl Space Basement w/plumbing | | Basement wo/plumbing

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: Joe Harris

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 Mark C Outlaw date 4-10-97

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