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. 17339 DATE 11-9-93 TAX MAP NO. 6E-16-A-16 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Cuffy Harkey PHONE: Business _____ Home 878-2502

ADDRESS 16 Deerfield Estates, Statesville, N.C. 28677

LOCATION I-40W TL Stamey Farm Rd. TL Hwy 70 TR Airport Rd TL Deerfield Estates. Home on L on Freeland Circle

SUBDIVISION Deerfield Estates BLOCK / SECTION _____ LOT 16 LOT AREA _____ SITE CLASS Existing DESIGN FLOW 240 L.T.A.R. Existing

Septic Tank: Existing Gallons: STB — Date —
Pump Tank: Existing Gallons: PT — Date —
Pump Make: Goulds Model 1/2 horse power No. _____
Nitrification Field: No Fields 1 Square Feet Existing Linear Feet Existing
No Lines Existing Trench Width Existing Max Trench Bottom Depth Existing Gravel Depth Existing

☐ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: _____
Repair System Description: Existing System
Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other
No. Bedrooms 2 No. Bathrooms 1 No. Employees —

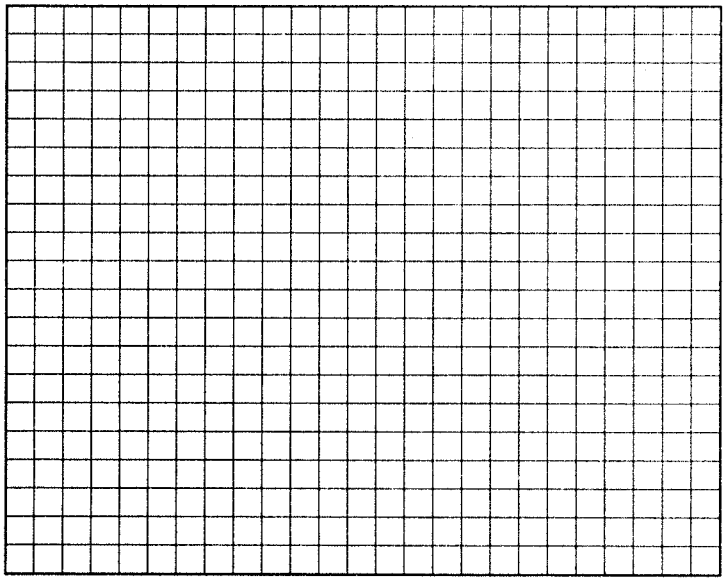
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

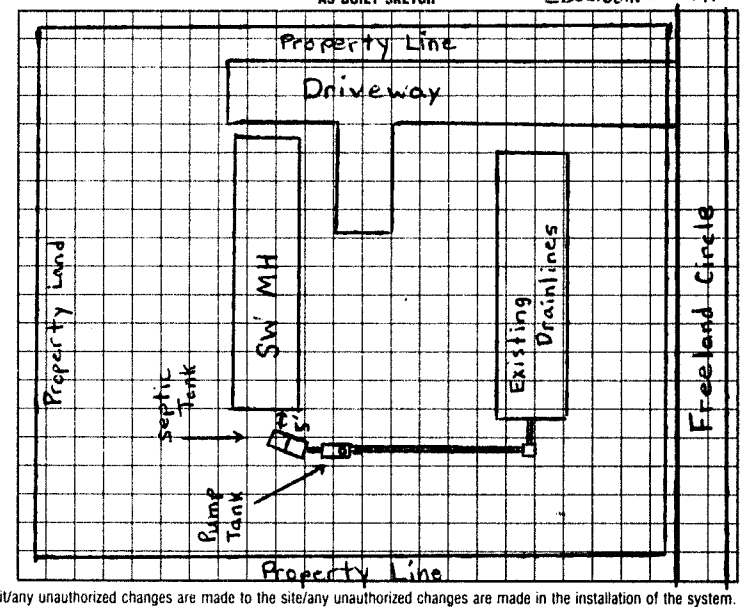
Comments:

Comments: Keep home 5' from any part of septic system. AAA Enterprises replaced pump and replaced floats, alarm, and Nema 4X Box. System shows no visible signs of malfunction at time of inspection. Replacing 2 Bedroom SW MH with another

INITIAL SITE SKETCH



AS BUILT SKETCH 2 Bedroom SW MH.



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: _____ Installed by: _____

Improvement Permit by: _____ date _____ Certificate of Completion by: _____ date _____

Existing System Inspection by: Michael Q. Dennard date 11-9-93 Operation Permit by: _____ date _____

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