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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. STATESVILLE DATE 7-30-97 TAX MAP NO. 4725-23-4011 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR CUFFY HARKEY PHONE: Business Home 597-0567

ADDRESS P.O. BOX 55165 STATESVILLE, NC 28687

LOCATION NC 90 W, TL BUTTERFIELD CIRCLE, LOT STRAIGHT AHEAD AT PAVEMENT END.

SUBDIVISION MONTICELLO BLOCK / SECTION LOT 12-14 LOT AREA 0.85 ACRE SITE CLASS. P3 DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 825 Date 8-12-97

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

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

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

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: MAX. FEASIBLE AREA

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

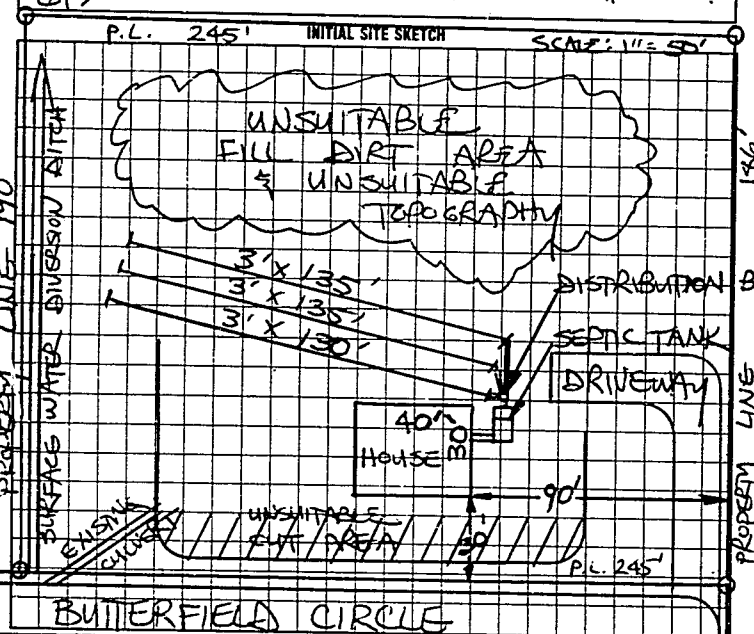
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☒ Public

Comments: CONSTRUCT NEW SURFACE WATER DIVERSION DITCH AT LOCATION SHOWN, ABANDONING EXISTING CULVERT DIRECTING ROAD WATER ONTO LOT.

Comments:

INITIAL SITE SKETCH SCALE: 1" = 50'



AS BUILT SKETCH

Same as initial 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. AUTHORIZATION TO CONSTRUCT IS VALID FOR 60 MONTHS FROM DATE OF ISSUANCE.

Signed: Steve Hedrick agent for Cuffy Harkey

Improvement Permit by: STEVE HEDRICK date 7-30-97

AUTH. TO CNST. ~~Existing System Inspection~~ by: STEVE HEDRICK date 7-30-97

Installed by: Barry Sigmon Const.

~~Certificate of Completion by:~~ date

Operation Permit by: P.C. Moore date 9-19-97

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