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. 067816 DATE 8-4-97 TAX MAP NO. 4736355019 (PT) Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR FLOYD EDWARD HARTE, JR. PHONE: Business _____ Home 876-6802

ADDRESS 151 AUSTIN ROAD, STATESVILLE, NC, 28625

LOCATION NC 115N, TR S. CHIPLEY FORD, TL AUSTIN ROAD, 1ST LOT ON RIGHT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1 ACRE SITE CLASS. BS1 DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT2

Septic Tank: 1000 Gallons; STB 1012 Date 11-7-93

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: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2½ No. Employees _____

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

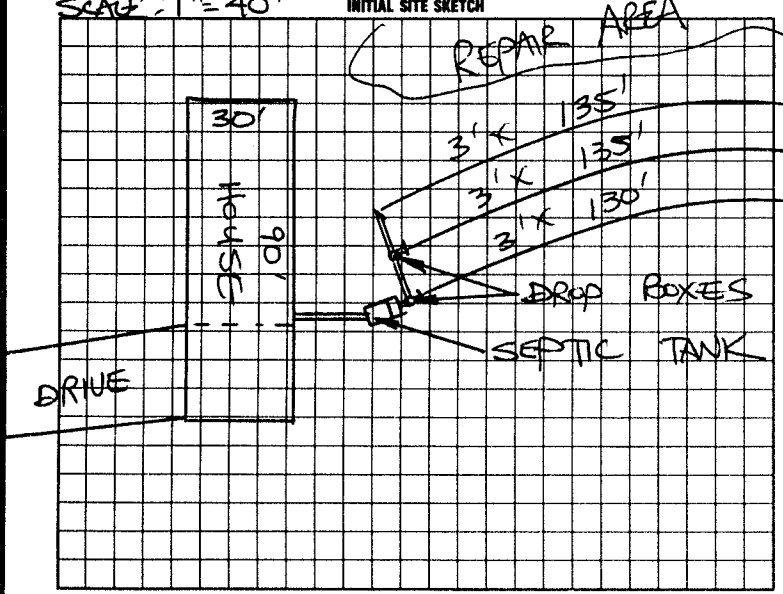
Water Supply: ☐ Individual ☐ Community ☑ Public

Comments:

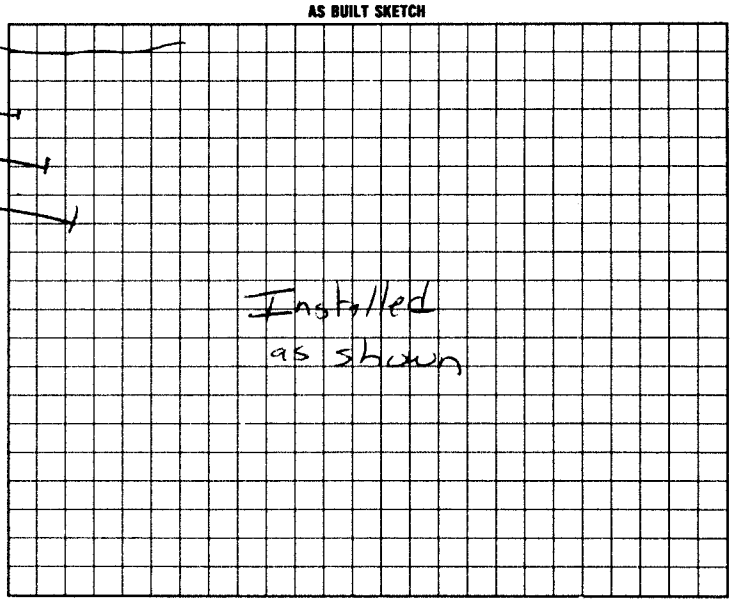
Comments: UPPER TWO LINES CHECKED 2-15-99

SCALE: 1"=40'

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

Signed: J. Edward Harte

Improvement Permit by: STEVE HEDRICK date 8-4-97

AUTH. TO CONST ~~Existing System Inspection~~ by: STEVE HEDRICK date 8-4-97

Installed by: Austin Austin Construction

~~Certificate of Completion by:~~ _____ date _____

Operation Permit by: Mark C Oakes RS date 3-24-99

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