IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# DISPOSAL OF OLD SYSTEM PIN# 4753-62-4286 3243 DATE 12/03/02

OWNER OR CONTRACTOR EARNEST TODD HARKEY PHONE: Business 704-872-7078 Home 704-871-8042

ADDRESS 315 SHILOH RD. STATESVILLE, NC 28677 CELL 704-902-1990

LOCATION HWY 70 EAST, (R) SHILOH RD., ~1 MILE ON LEFT @ BOX 315 SHILOH RD, JUST PAST @ BACK OF FIELD.

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA ~37.13 Acres SITE CLASS. PS DESIGN FLOW 0 L.T.A.R. 0.325 GPD/FT²

Septic Tank: ____ Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field; No Fields 1 Square Feet ≤575 Linear Feet ≤100'

No Lines 1 Trench Width 36" Max Trench Bottom Depth 36"

☐ New System ☐ Repair System Type: I (II) III IV V VI

System Description: DISPOSAL OF OLD

Repair System Description: SEPTIC LINES

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms ____

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☒ Other DISPOSAL OF OLD SYSTEM

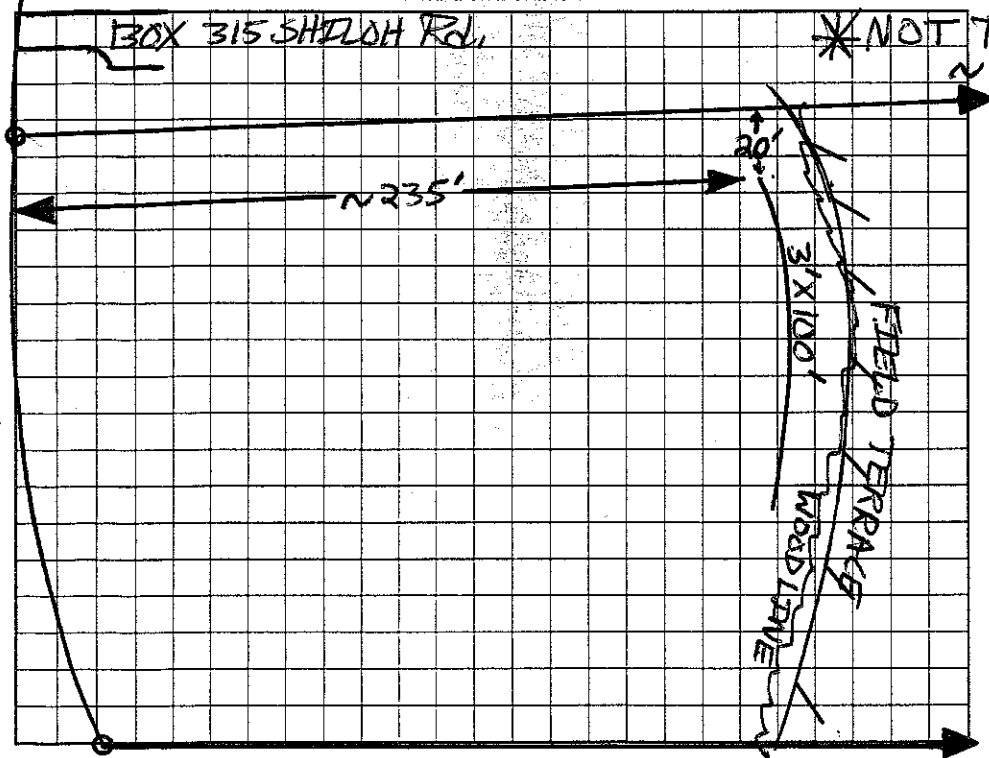
Gravel Depth N/A ☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☐ Community

Comments/Conditions: (1) INSTALL 3' WIDE TRENCH ON CONTOUR NO DEEPER THAN 3' DEEP. (2) THERE MUST BE A MINIMUM OF 6" COVER OVER THE MATERIAL.

Comments/Conditions: *THIS PERMIT IS FOR THE SOLE PURPOSE OF DISPOSING OF THE OLD SEPTIC SYSTEM FROM THE LOT NEXT DOOR (315 SHILOH RD)

INITIAL SITE SKETCH



AS BUILT SKETCH

INSTALLED AS DRAWN

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 with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: E. Todd Harkey date 12-9-02 Installed by: ESKER ENTER

Improvement Permit by: Patrick Mitchell date 12/03/02 Operation Permit by: [signature] date 7-21-03

Authorization to Construct by: Patrick Mitchell date 12/03/02 Existing System Inspection by: ____ date ____

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