IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT REPLACES PREVIOUS ISSUED 11/19/02

STATESVILLE 704-878-5305 (21) MOORESVILLE 704-664-5281

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

PERMIT# 109812 PIN# 4753-72-2090 DATE 12-10-03

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

ADDRESS 315 SHILOH RD STATESVILLE NC 28677

LOCATION US 70 EAST, TR SHILOH ROAD, ON LEFT AT BOX # 315

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 0.992 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 794 Date 10-3-03
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet EQ. PT 1200 Linear Feet 300
No Lines THREE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: 25% REDUCTION, GRAVITY
Repair System Description: 25% REDUCTION, GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No

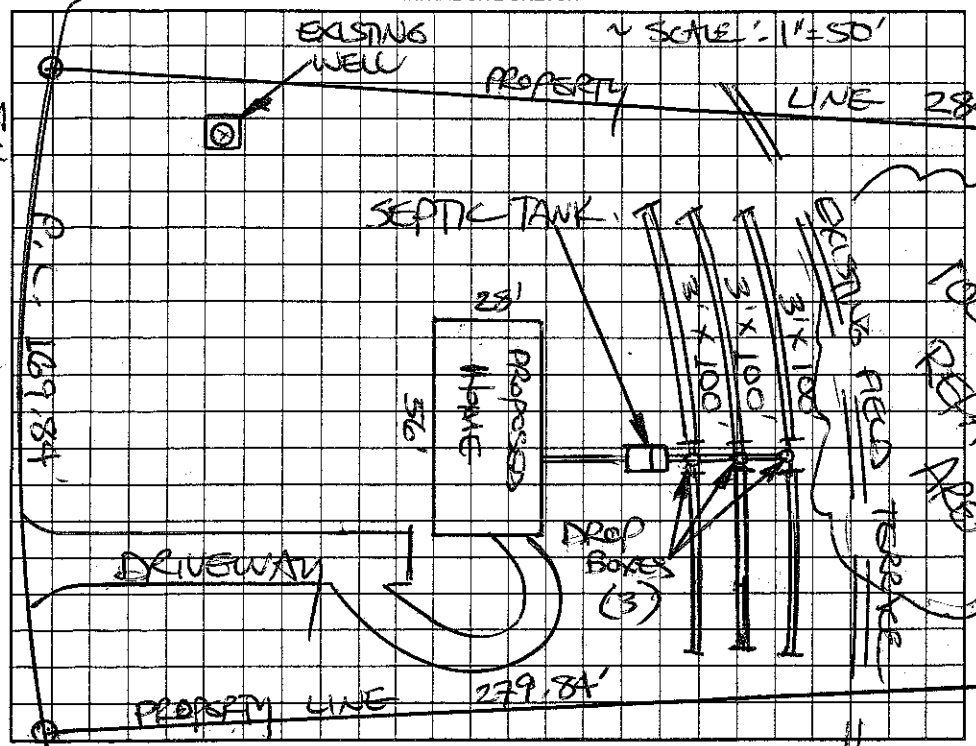
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

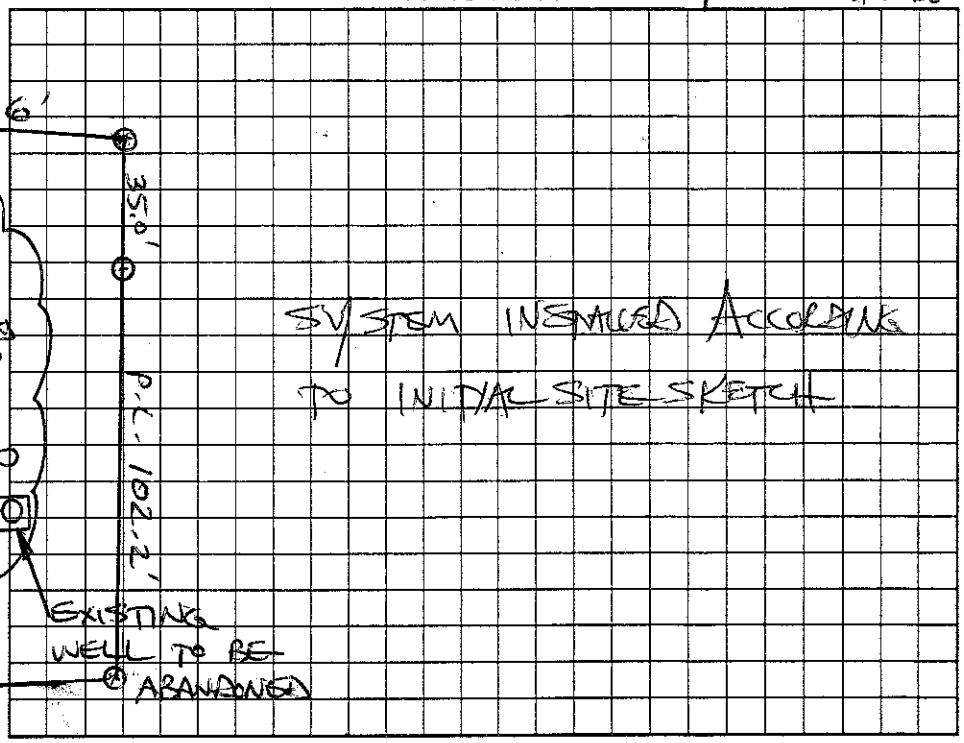
Comments:/Conditions: ① ABANDON EXISTING WELL ACCORDING TO 15A NCAC 2C .0113 (SEE ATTACHED SHEETS) ② INSTALL 25% REDUCTION SYSTEM ON CONTOUR AS FLAGGED ON SITE.

Comments:/Conditions: ① SEPTIC TANK WITH MARKER INSTALLED USING "ZABEL" FILTER ② WELL TO BE ABANDONED (12-12-03) ③ DRAINLINES INSTALLED USING FIFTY "A-BIFFUSER" CHAMBERS

INITIAL SITE SKETCH



AS BUILT SKETCH



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: Todd Harkey date 12-10-03

Improvement Permit by: STEVE HEDRICK date 12-10-03

Authorization to Construct by: STEVE HEDRICK date 12-10-03

Installed by: ESKER ELDER

Operation Permit by: STEVE HEDRICK date 8-16-04

Existing System Inspection by: _____ date _____

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