:DELL COUNTY HEALTH DEPARTMENT

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

IPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

OPERTY DESCRIPTION NO. 19645 DATE 10-22-94 TAX MAP NO. 5A - A - 22 Watershed: ☐ Yes ☑ No

WNER OR CONTRACTOR Steve Harkey PHONE: Business _____ Home 876 1500

ADDRESS 156 Barry Oak Lane

LOCATION 64E TR Bonnie Oak Lane TR Barnhill at Co. Line back out in field on rt

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 3 acres SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .13

Septic Tank: 1000 Gallons; STB 1012 Date 10-17-94
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 533
No Lines 4 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Conv. Gravity
Repair System Description: " "
Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees ____
☐ Other _____

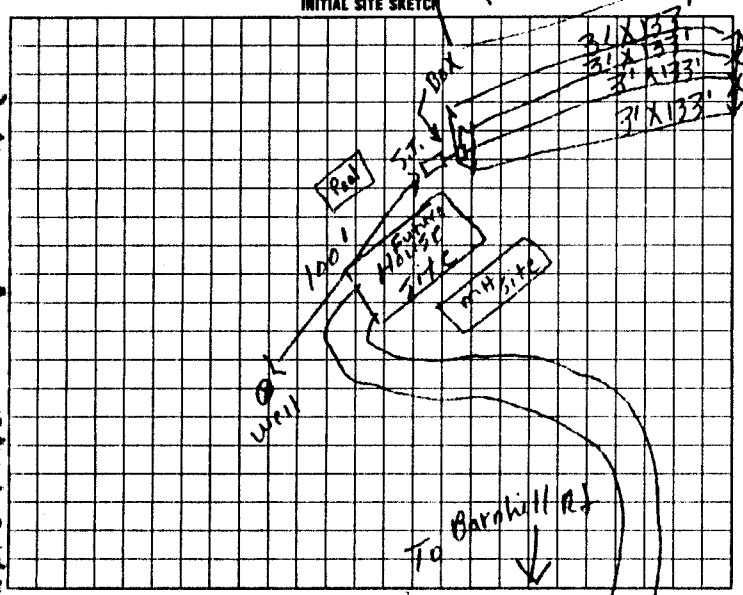
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☑ Individual
☐ Community
☐ Public

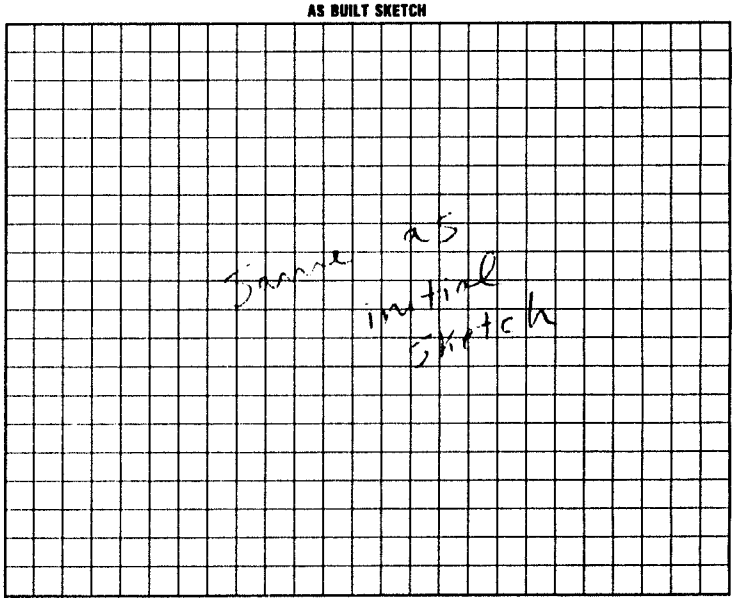
Comments:

Comments: mobile Home to be used until home is built Then mobile Home will be taken off. System.

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.

Signed: X

Improvement Permit by: P. C. Moore date 10-22-94

Existing System Inspection by: _____ date _____

Installed by: Tommy Frye

Certificate of Completion by: P. C. Moore date 2-8-95

Operation Permit by: _____ date _____

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