Existing System

# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 89426 PIN# 4784673838 DATE May 3 2000

OWNER OR CONTRACTOR Steven HARKey PHONE: Business 902 2023 Home 872 1521

ADDRESS 338 Barnhill Rd Cleveland NC 27013

LOCATION 64E (R) Barr Oak (R) Barnhill AT Co Line down Barnhill off Road on the Right #338

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 37.53Ac SITE CLASS PS (Pre 1994) DESIGN FLOW 480 L.T.A.R. -3

Septic Tank: 1000 Exist Gallons: STB 1012 Date 10-17-94

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: Same 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: Same

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 4 No. Bathrooms 3 No. Employees ____

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

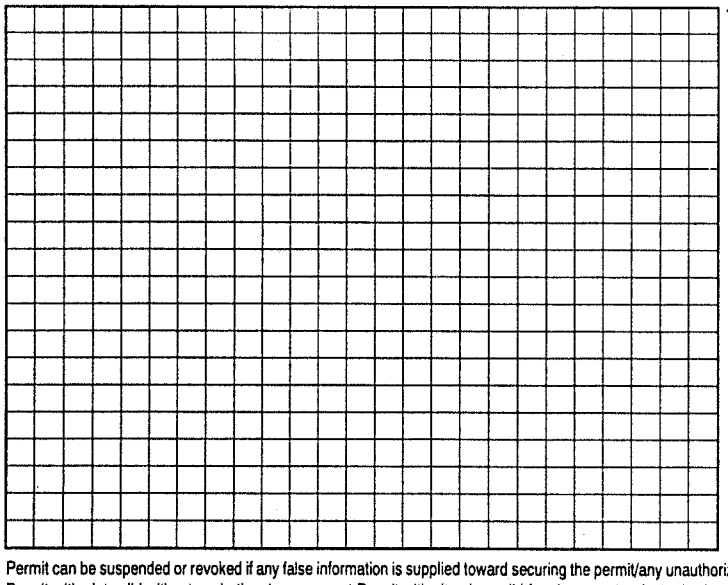
Water Supply: ☒ Individual ☐ Public ☐ Community

WELL

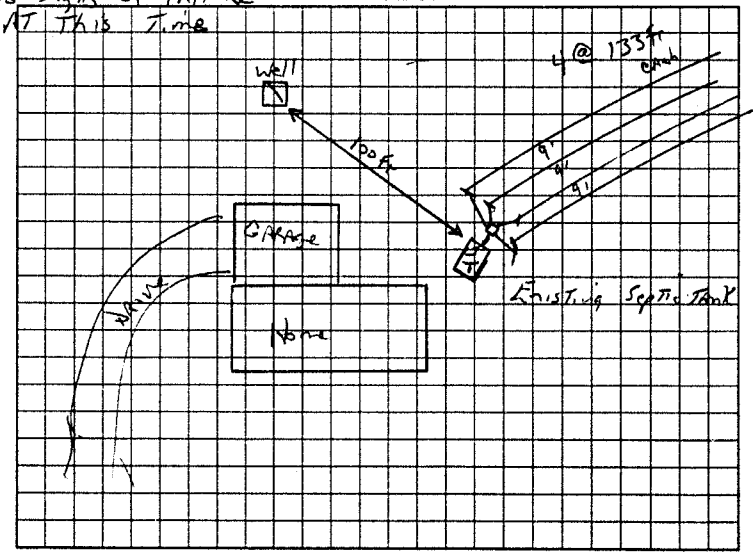
Comments:/Conditions:

Comments:/Conditions: Recommend having TANK pumped + outlet Tee inspected. Replace if needed. Also Recommend No TRACTORS or heavy equipment crossing Lines. Keep Area mowed. Locate pool 25Ft min. AWAY from System No Signs of Failure AT This Time

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: _____ date _____ Installed by: _____

Improvement Permit by: _____ date _____ Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: C Lefler date May 3 2000

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