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. 67542 DATE 6-28-97 TAX MAP NO. 4719833048 2 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR John Haupe PHONE: Business _____ Home 546-7767

ADDRESS 519 Society Rd Statesville, N.C. 28625

LOCATION 64E TL Society Rd 1/2 mi NE

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA .55acres SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .33

Septic Tank: 1000 Gallons; STB 821 Date 6-27-97

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Conv. Gravity

Repair System Description: ~~Absorption~~ Chamber

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

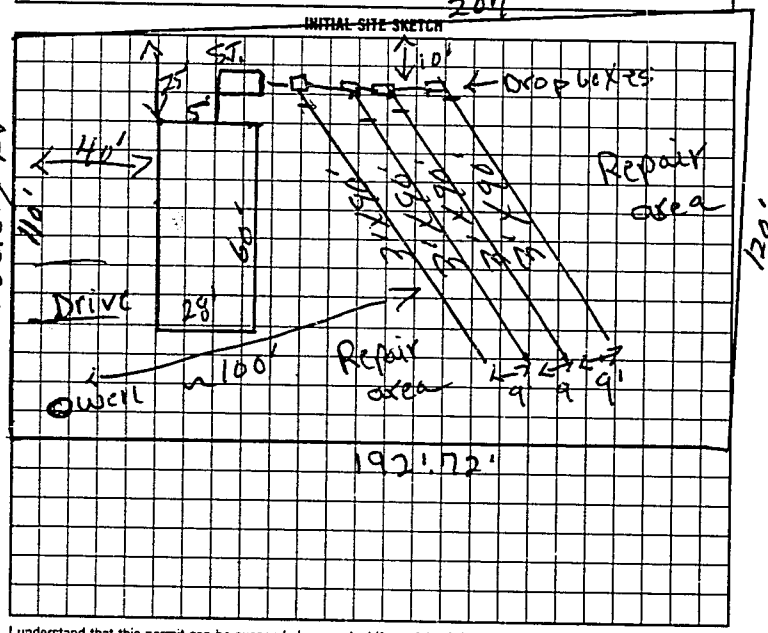
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

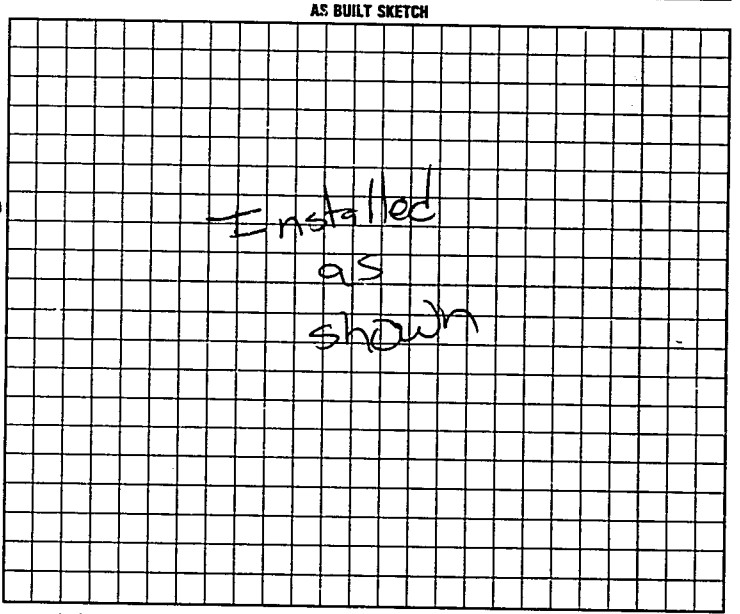
Comments:

Comments:

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 John Paul Haupe

Improvement Permit by: L.C. Moore date 6-28-97

Authorization to Existing System Construction by: L.C. Moore date 6-28-97

to cover.

Installed by: G & M Enterprises

Certificate of Completion by: _____ date _____

Operation Permit by: Mat Collins date 7-21-97

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

Authorization to cover Expires 60 mos from issue

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