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. 070130 DATE 10-28-97 TAX MAP NO. 4892004693 Watershed: ~~Yes~~ No

OWNER OR CONTRACTOR CARL R. BURTON PHONE: Business _____ Home 546-7870

ADDRESS 551 ABBEYDALE ROAD HARMONY, NC 28634

LOCATION US 21 N, TR POWELL BRIDGE RD TL ROCKY FORD TR ABBEYDALE, ON LEFT BEHIND MOBILE BOX #551

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.87 ACRE SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. 0.30 GPD/FT

Septic Tank: 1000 Gallons; STB 620 Date 11 7 98

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 810 Linear Feet 270

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

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

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

☐ House/Mod. Home No. Bedrooms 2

☑ Mobile Home No. Bathrooms 1

☐ Business No. Employees _____

☐ Other _____

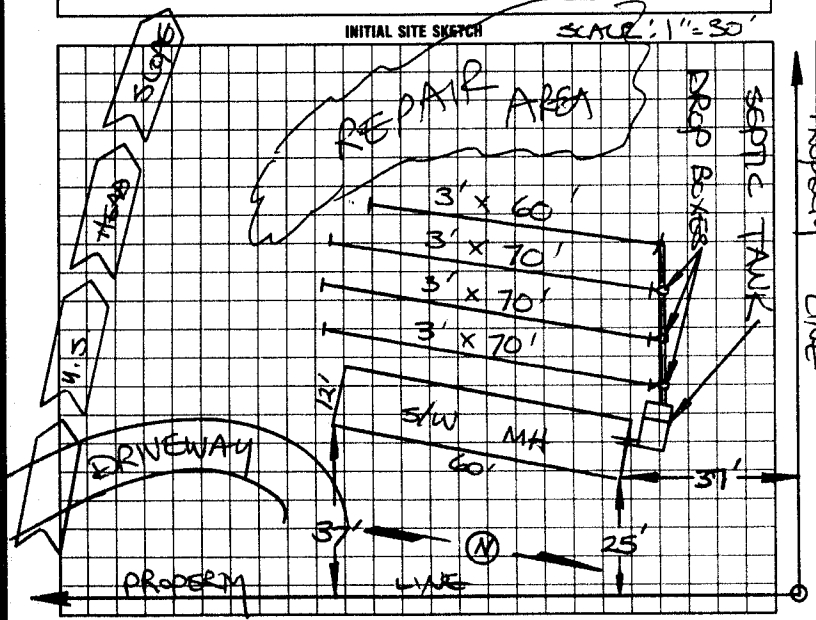
Water Supply: ☑ Individual ☐ Community ☐ Public

WELL NEXT BOX

Comments:

Comments:

INITIAL SITE SKETCH SCALE: 1"=30'



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE 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 ~~80~~ months from ~~date of issuance~~. AUTHORIZATION TO CONSTRUCT IS VALID FOR 60 MONTHS FROM DATE OF ISSUANCE.

Signed: X Carl Ray Burton Installed by: SAMMY REAVIS

Improvement Permit by: STEVE HEDRICK date 10-28-97

AUTH. TO CONST.

~~Existing System Inspection~~ by: STEVE HEDRICK date 10-28-97

~~Certificate of Completion by:~~ _____ date _____

Operation Permit by: STEVE HEDRICK date 2-26-99

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