4730 82 7349

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. 15798 DATE 1/26/94 TAX MAP NO. 2F 3A 9 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR David + Cheryl Harmon PHONE: Business _____ Home 528-9311

ADDRESS Rt 1 Box 119 Troutman, NC.

LOCATION Hampton Cove ~ 1/8 mile on 5th house on L

SUBDIVISION County BLOCK / SECTION _____ LOT 9 LOT AREA _____ SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 300/900 TOT Linear Feet 300/100

No Lines _____ Trench Width 6' Max Trench Bottom Depth 36 Gravel Depth 14"

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

System Description: CONV.

Repair System Description: CONV.

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees ____

☐ Other _____

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

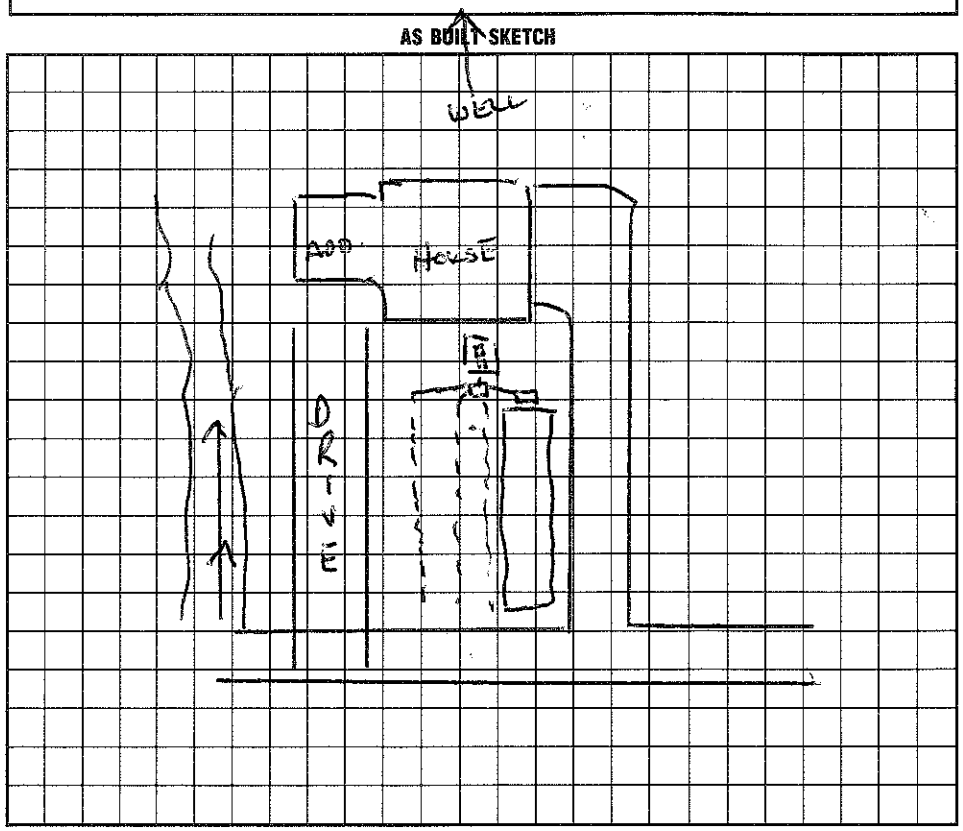
Water Supply: ☑ Individual ☐ Community ☐ Public

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: _____

Improvement Permit by: _____ date _____

Existing System Inspection by: _____ date _____

Installed by: David Harmon

Certificate of Completion by: Wesley Sparks RS. date 1/26/94

Operation Permit by: _____ date _____

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