57776

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. 19891 DATE 8-3-95 TAX MAP NO. 12J-A-85 (PART) Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR FRANKLIN D. SHORT PHONE: Business ____ Home 634-7419

ADDRESS P.O. Box 199 HARMONY NC 28634

LOCATION US 21 N, TR NC 901 TL SKYVIEW LAKE 4TH LOT ON (R)

SUBDIVISION ____ BLOCK / SECTION ____ LOT ____ LOT AREA LIMITED SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.35 GPD/FT²

Septic Tank: 1000 Gallons; STB 10:2 Date 6-25-95

Pump Tank: 1000 Gallons; PT 17 Date 3-25-95

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345

No Lines 3 Trench Width 36" Max Trench Bottom Depth 18-36" Gravel Depth 12"

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

System Description: PUMP TO CONVENTIONAL

Repair System Description: PUMP TO CONVENTIONAL

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

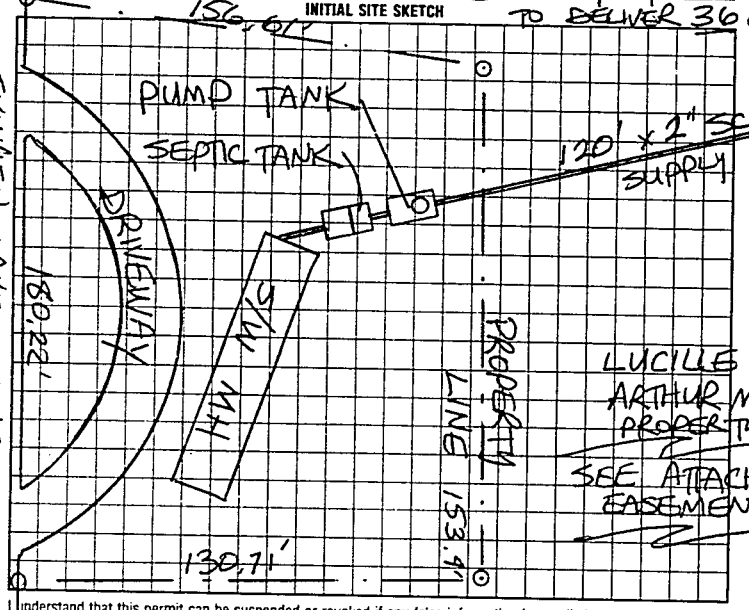
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

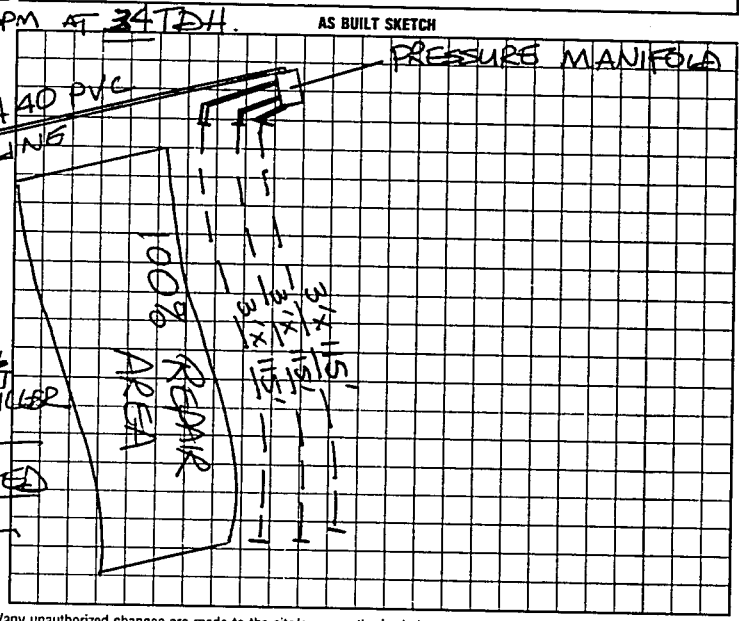
Comments: ① CONTACT HEALTH DEPT. TO FLAG OUT SYSTEM AFTER CLEARING & PRIOR TO INSTALLATION. ② SEE ATTACHED SHEETS FOR PUMP & PRESSURE MANIFOLD REQUIREMENTS. ③ USE PUMP SIZED TO DELIVER 36 GPM AT 34 TDH.

Comments: TANKS & LINES CHECKED 9-12-95 - RSH

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: Rita G Short

Improvement Permit by: STEVE HEDRICK date 8-4-95

Existing System Inspection by: ____ date ____

Installed by: Tommy Frye

Certificate of Completion by: ____ date ____

Operation Permit by: F. C. Moore date 10-2-95

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

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