51297

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. 17841 DATE 2/18/94 TAX MAP NO. 12E-1-A-35 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR ERNEST J. WILES PHONE: Business _____ Home 546-5261

ADDRESS Rt. 1 BOX C-122 HARMONY NC 28634

LOCATION US 21 N, TR BETHEL RD, TL MARGARET DRIVE, TL LINDA LANE, 1ST LOT ON (R)

SUBDIVISION BETHEL PARK BLOCK / SECTION _____ LOT 35 LOT AREA ~150' x 223' SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.35

Septic Tank: 1000 Gallons; STB 794 Date 1/25/94 ☑ New System ☐ Repair System Type: (I) II, III, IV, V, VI

Pump Tank: _____ Gallons; PT _____ Date _____ System Description: CONV. GRAVITY

Pump Make: _____ Model _____ Serial No. _____ Repair System Description: CONV. GRAVITY

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345 Maintenance Agreement Required: ☐ Yes ☑ No

No Lines 4 Trench Width 36" Max Trench Bottom Depth 18-36" Gravel Depth 12"

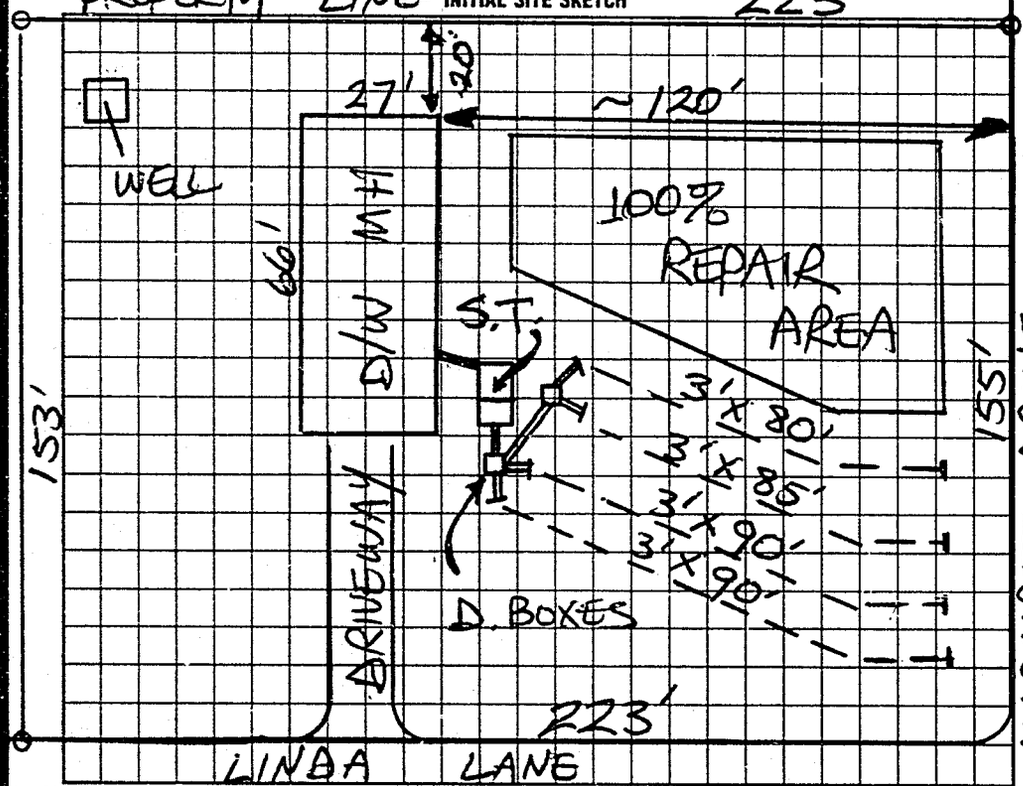
☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

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

Water Supply: ☑ Individual ☐ Community ☐ Public WELL

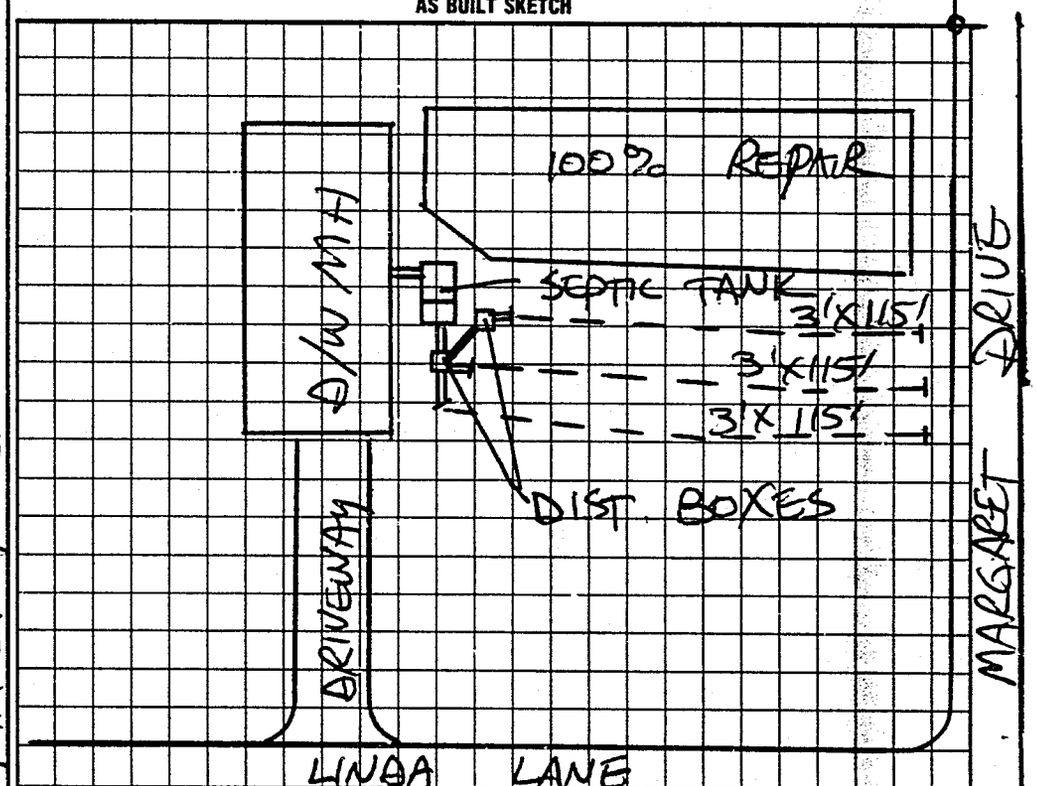
Comments: (1) KEEP SYSTEM MINIMUM 5' FROM MH, 10' FROM PROPERTY LINE, 100' FROM WELL (2) INSTALL LINES ON CONTOUR, NO DEEPER THAN 36", 9' APART ON CENTER

INITIAL SITE SKETCH



Comments: KEEP SYSTEM MINIMUM 100' FROM WELL

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 Ernest J. Wiles

Improvement Permit by: STEVE HEDRICK date 2/18/94

Existing System Inspection by: _____ date _____

Installed by: A-1 BACKHOE

Certificate of Completion by: STEVE HEDRICK date 5/18/94

Operation Permit by: _____ date _____

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