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. 067434 DATE 6-6-97 TAX MAP NO. 4779 25 3398 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR WILLIE DALTON PHONE: Business _____ Home 546-2965

ADDRESS 219 ARROWBROOK ROAD, HARMONY NC 28634

LOCATION US 21 N, TR BETHEL RD, TR ARROWBROOK RD, MH ON RIGHT AT END.

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 35.35 Ac SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.35 GPD/FT²

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons, PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines THREE Trench Width 36" Max Trench Bottom Depth _____ Gravel Depth 12"

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

System Description: CONV. GRAVITY

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

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

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

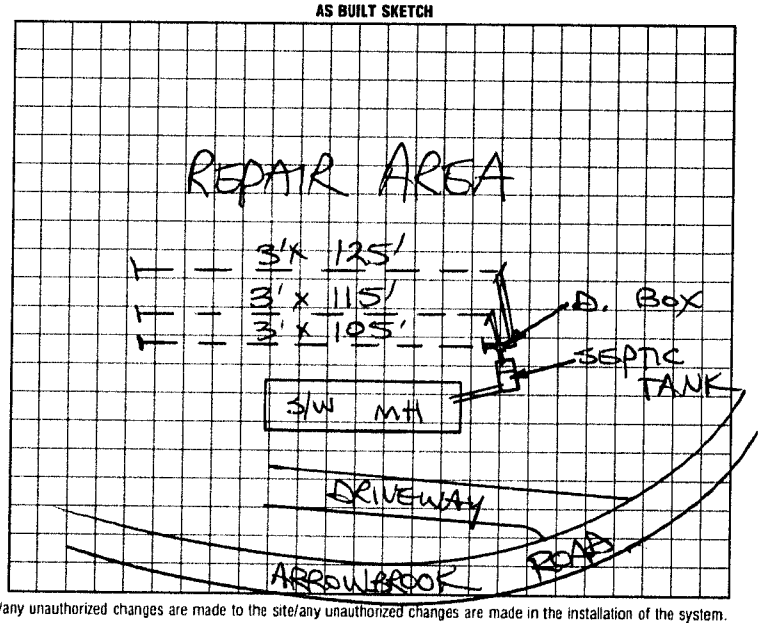
Water Supply: ☑ Individual ☐ Community

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.

Signed: _____

Improvement Permit by: _____ date _____

Existing System Inspection by: STEVE HENDRICK date 6-6-97

Installed by: _____

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date _____

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