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. 17791 DATE 2/10/94 TAX MAP NO. 12J-A-98 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR JAMES A. GOURLEY PHONE: Business _____ Home 546-5157

ADDRESS RT. 1 BOX 244-F HARMONY, NC 28634

LOCATION US 21 N, TR BETHEL RD, TL SHAW RD, TR JUST BEFORE SR 2132, BACK OFF ROAD ~1000'

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 8.33 AC. SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.4 GPD/FT²

Septic Tank: EXISTING Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

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: CONV. GRAVITY

Repair System Description: PUMP CONVERSION

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

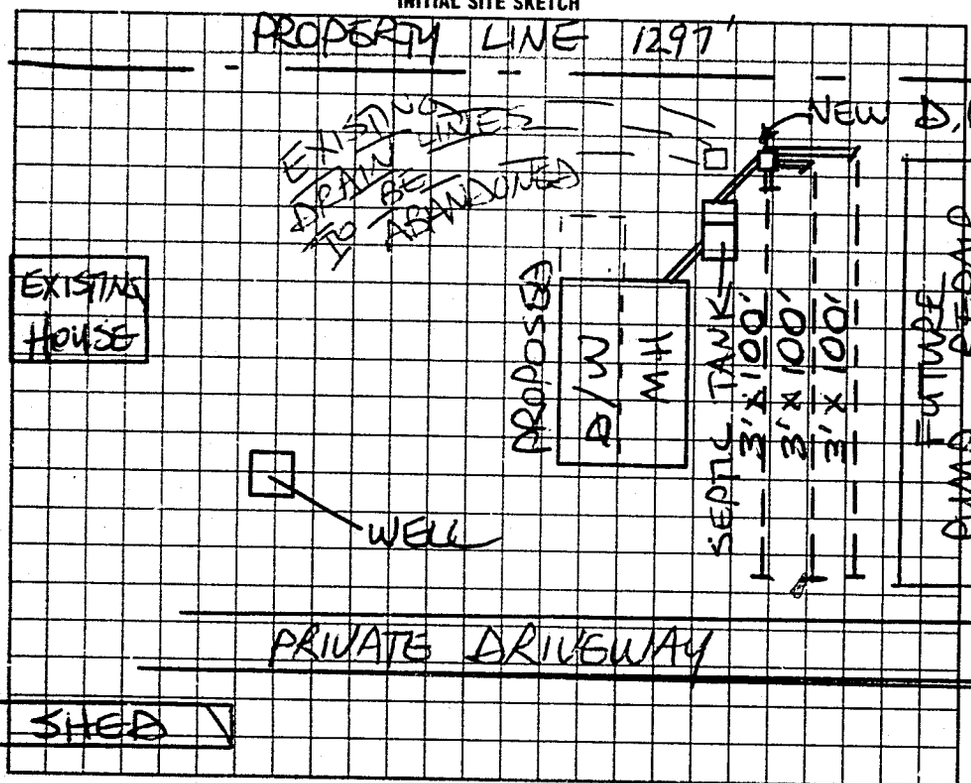
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public WELL

Comments: ① SET NEW D. BOX AS SHOWN AS SHALLOW AS POSSIBLE ② INSTALL NEW LINES ON CONTOUR NO DEEPER THAN 36" 9' APART ON CENTER ③ KEEP MH 5' FROM SYSTEM ④ ABANDON OLD LINES.

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

Same as initial 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: [signature]

Improvement Permit by: STEVE HEARICK date 2/10/94

Existing System Inspection by: _____ date _____

Installed by: A-1 Backhoe

Certificate of Completion by: [signature] date 3-4-94

Operation Permit by: _____ date _____

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

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