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. 24153 DATE 6-22-96 TAX MAP NO. 11X-3-A-6 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Fil Pishner PHONE: Business _____ Home 873 7130

ADDRESS PO BOX 247 Harmony N.C. 28634

LOCATION US 64E TL Coolsp. Rt TR Lessersheat TR Horizon Dr. 4th lot Rt

SUBDIVISION Sunset village BLOCK / SECTION _____ LOT 6 LOT AREA 3/4 acre SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 620 Date 9-5-96

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" 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

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

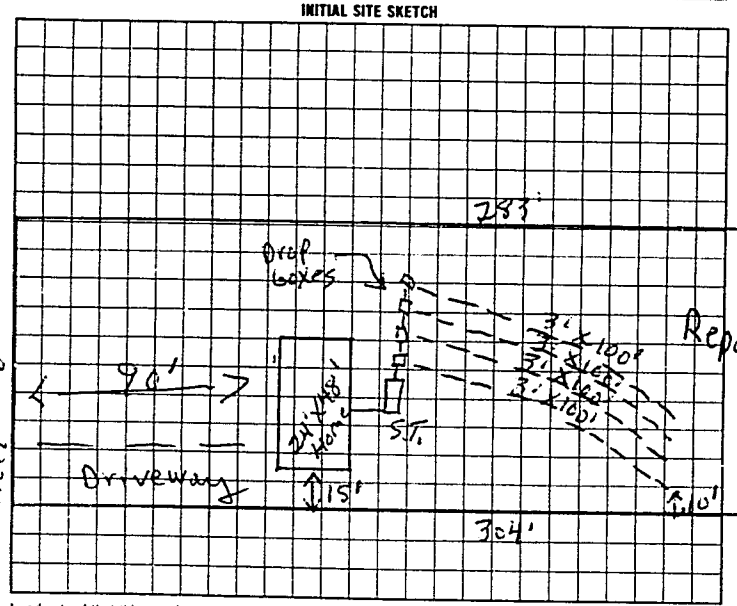
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Community ☐ Public

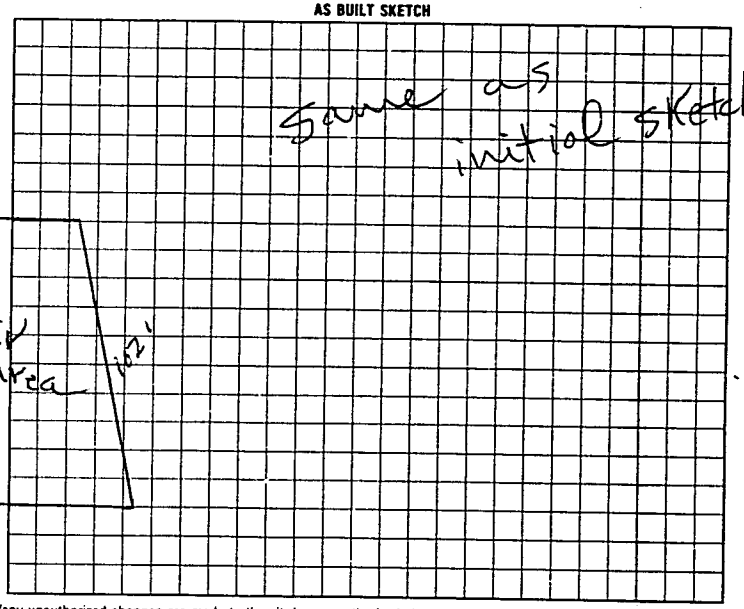
Comments:

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.

Signed: Fil Pishner

Improvement Permit by: P.C. Moore date 6-22-96

Authorization to Existing System Inspection by: P.C. Moore date 6-22-96

Installed by: Sammy Reavis

Certificate of Completion by: _____ date _____

Operation Permit by: P.C. Moore date 10-24-96

Const. HEALTH DEPT COPY WHITE INS. ECTION COPY (FINAL) GREEN OWNER COPY (FINAL) YELLOW INSPECTION COPY (INITIAL) PINK OWNER COPY (INITIAL) GOLD

Authorization to Const. Expires 60 mos from issue.

078100