60622

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. 23273 DATE 3-13-96 TAX MAP NO. 11K-3-A-17 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Fil Pisinner PHONE Business _____ Home 8737130

ADDRESS PO BOX 262 Harmony NC.

LOCATION 64E TL Cool Springs TR/ Fogerhut TR Horizon DR on left

SUBDIVISION Sunset village BLOCK / SECTION _____ LOT 17 LOT AREA 1.67 acres SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .33

Septic Tank 1000 Gallons; STB ~~1000~~ 620 Date 3-10-96

Pump Tank _____ Gallons; PT _____ Date _____

Pump Make _____ Model _____ Serial No _____

Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360

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: Gravity Panel

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No Bedrooms 3

☐ Mobile Home No Bathrooms 2

☐ Business No Employees _____

☐ Other _____

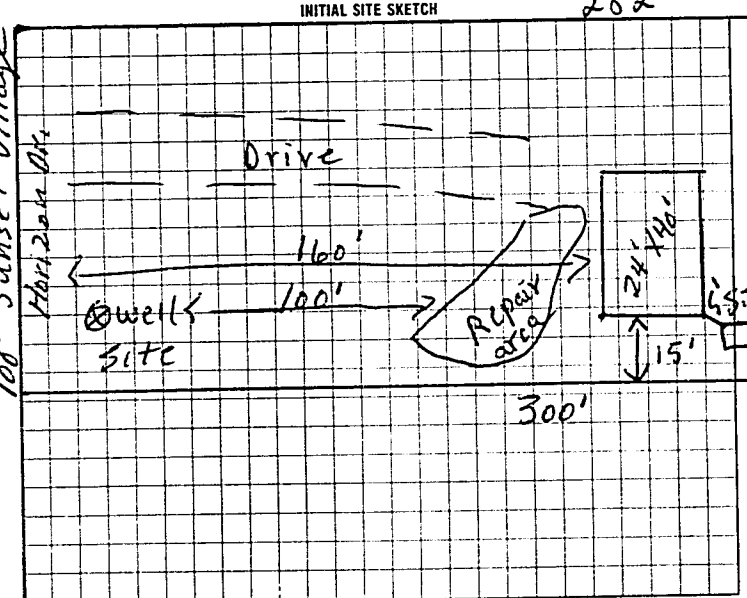
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

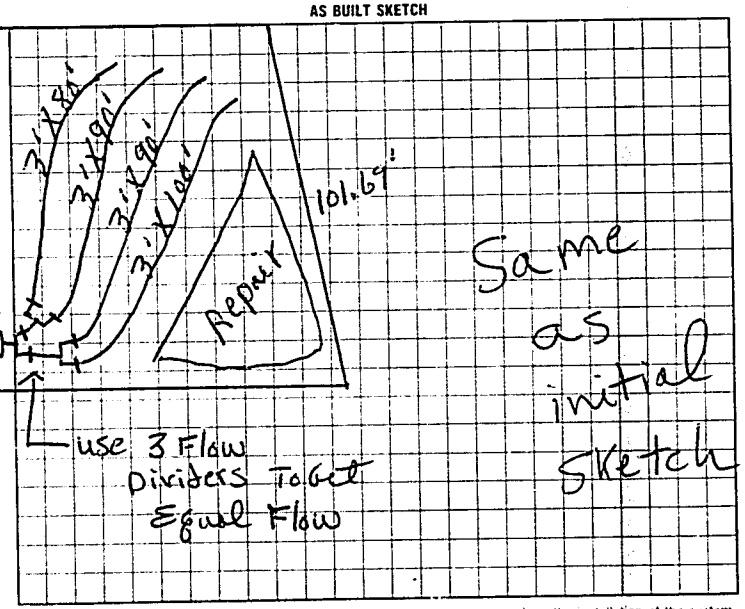
Comments:

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 X Fil Pisinner

Improvement Permit by F.C. moore date 3-13-96

Authorization to Const F.C. moore date 3-13-96

Installing System Inspected by _____

Installed by Sammy Beavis

Certificate of Completion by _____ date _____

Operation Permit by F.C. moore date 5-31-96

to Const Authorization to Const Expires 6 Months From Issue

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

048100