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. 22100 DATE 9-14-95 TAX MAP NO. 12C-A-42 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR K. PERRY CARTNER, SR. PHONE: Business 546-2141 Home 546-7262

ADDRESS 1418 E. MEMORIAL HWY, HARMONY, NC 28634

LOCATION US 21N, TR NC901, TR HAYES FARM RD, TL EVANS MHP 2ND MH ON LEFT

SUBDIVISION G.M. EVANS MHP BLOCK / SECTION ____ LOT ____ LOT AREA LIMITED SITE CLASS PS DESIGN FLOW 240 L.T.A.R. EXISTING

Septic Tank: 1000 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields ____ Square Feet ____ Linear Feet EXISTING

No Lines 2 Trench Width ____ Max Trench Bottom Depth ____ Gravel Depth ____

☐ 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 2

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

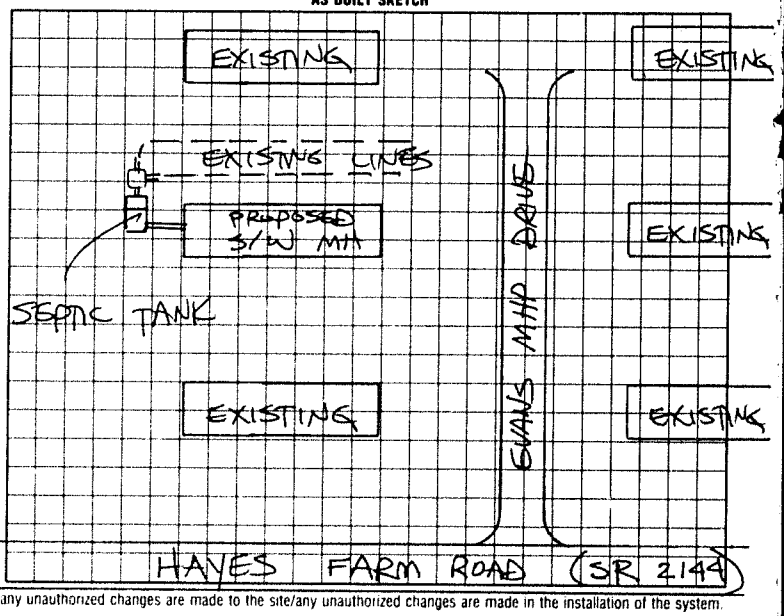
Water Supply: ☐ Individual ☑ Community ☐ Public

Comments:

Comments: KEEP MH MINIMUM 5' FROM SYSTEM

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 HEDRICK date 9-14-95

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