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. 18524 DATE 5/18/94 TAX MAP NO. 12K-A-23 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR PARK JONES / BRUCE SHREWSBURY PHONE: Business _____ Home 546-5950

ADDRESS RT. 1 BOX 192, HARMONY, NC 28634

LOCATION US 21 N, TR, NC 901, ON (L) ~.3 MILE BEFORE Rumrock Road.

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA AMPLE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. EXISTING

Septic Tank: EXISTING Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet EXISTING

No Lines _____ 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 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

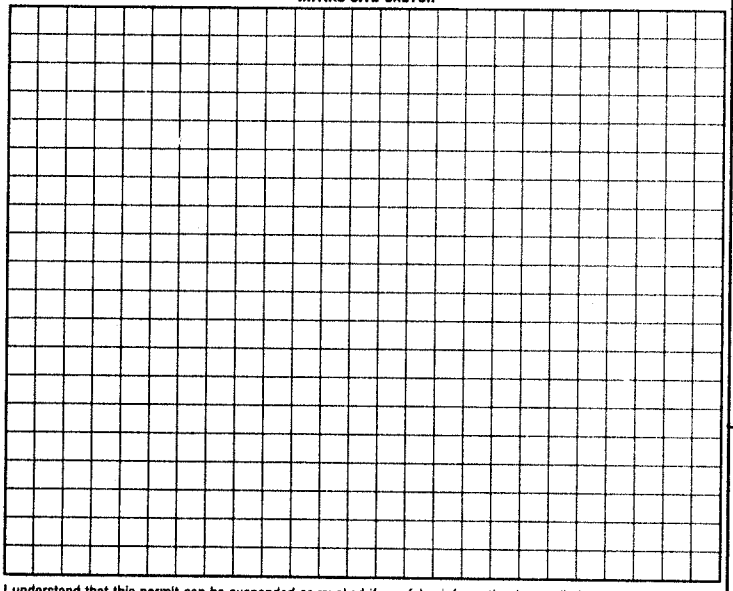
☐ Other _____

Water Supply:
☒ Individual
☐ Community
☐ Public WELL

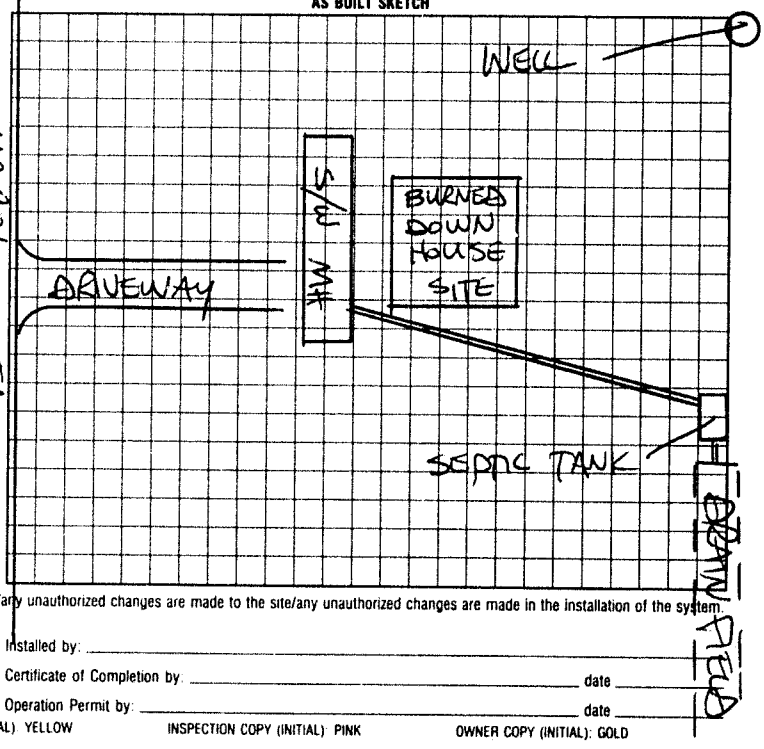
Comments:

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. Improvement Permit is valid for 60 months from date of issuance.

Signed: _____

Improvement Permit by: _____ date _____

Existing System Inspection by: STEVE HEDRICK date 5/18/94

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