49683

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. 17491 DATE 11/23/93 TAX MAP NO. 12K-1-A-2 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR DENNY DALTON PHONE: Business _____ Home 546-7416

ADDRESS P.O. Box 1203 HARMONY NC 28634

LOCATION US 21 N, TR NC 901 E, ON (L) 2ND LOT PAST GUILFORD ROAD.

SUBDIVISION VICK STROUD PROP BLOCK / SECTION _____ LOT 2 LOT AREA 125X217 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.35 GPD/FT²

Septic Tank: 1000 Gallons; STB 358 Date 10/28/93
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345
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: CONVENTIONAL GRAVITY
Repair System Description: CONVENTIONAL GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No

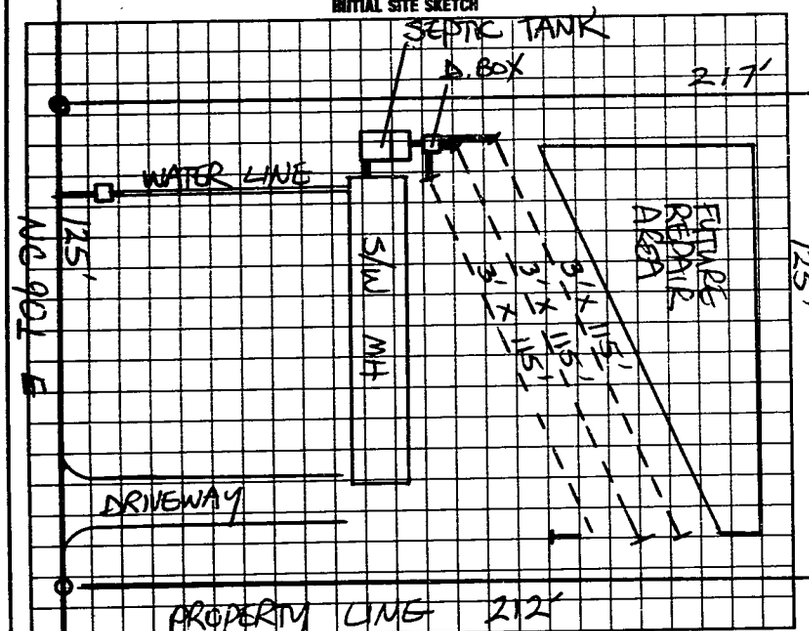
☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

Comments: (1) KEEP SYSTEM MINIMUM 5' FROM MH, 10' FROM PROPERTY LINE (2) INSTALL LINES ON CONTOUR, NO DEEPER THAN 36", 9' APART ON CENTER

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE 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: X [signature]

Improvement Permit by: STEVE HEDRICK date 11/23/93

Existing System Inspection by: _____ date _____

Installed by: A-1 BACKHOE

Certificate of Completion by: STEVE HEDRICK date 12/8/93

Operation Permit by: _____ date _____

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