54102

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. 19964 DATE 1/3/95 TAX MAP NO. 12K-1-A-16 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR JEFFREY DALTON PHONE: Business _____ Home 546-7905

ADDRESS 160 GUILFORD ROAD, HARMONY NC 28634

LOCATION US 21 N, TR NC 901, TL GUILFORD ROAD, ~0.25 MILE ON (R), BACK OFF ROAD

SUBDIVISION E.S VICK PROP. BLOCK / SECTION _____ LOT 16 LOT AREA 5 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT2

Septic Tank: 1000 Gallons; STB 620 Date 4/19/94

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No. Lines 85 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: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

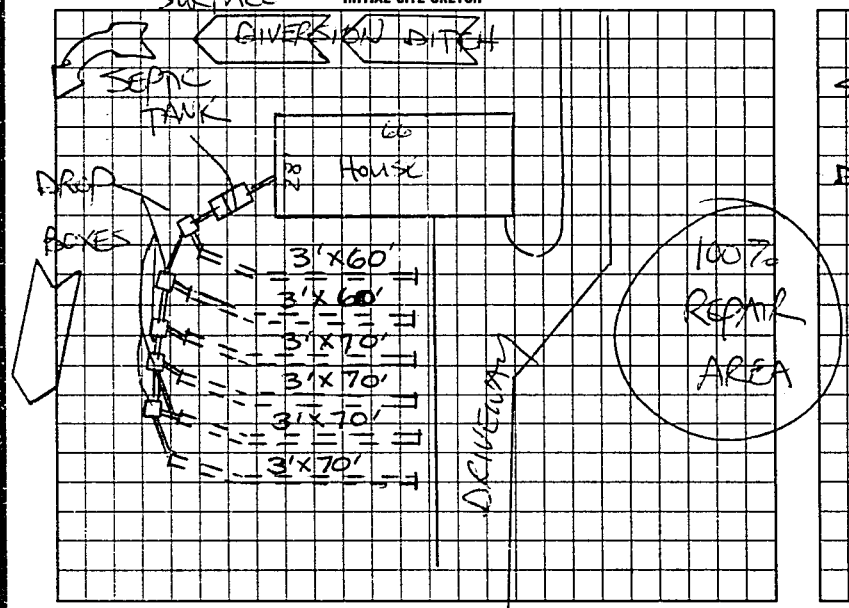
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public WELL

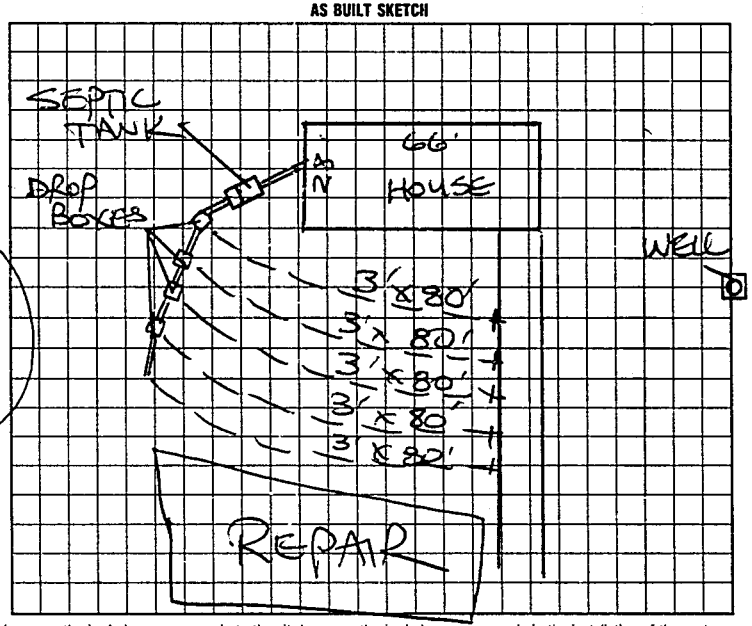
Comments: KEEP SYSTEM MINIMUM 5' FROM HOUSE, 10' FROM PROPERTY LINE 100' FROM WELL, 15' FROM SURFACE DIVERSION DITCH (2) KEEP LINES ON CONTOUR NO DEEPER THAN 36", 9' APART O.C.

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: STEVE HEDRICK date 1/3/95

Existing System Inspection by: _____ date _____

Installed by: SAMMY REAVIS

Certificate of Completion by: STEVE HEDRICK date 5/17/95

Operation Permit by: _____ date _____

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