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. 16890 DATE 8/27/93 TAX MAP NO. 16M-A-25

OWNER OR CONTRACTOR HARPER VAN HOY PHONE: Business 539-4503 Home 539-5362

ADDRESS RT. 1 Box 54 UNION GROVE NC 28689

LOCATION I-77 N, TL NC 901 W, TR WARREN BRIDGE ROAD, ON (L) ~ 1000' PAST CURT RD

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. _____ L.T.A.R. _____

Water Supply: ☒ Individual ☐ Community ☐ Public *AT OWNER'S REQUEST

Septic Tank: 1500 Gallons; STB 780 Date 7/8/93

Pump Tank: _____ Gallons; PT _____ Date _____

Nitrification Field: No. Fields 1 Square Feet 1380 Linear Feet 460

No. Lines 3 Trench Width 36" Trench Depth 18-36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I. II. III. IV. V. VI

System Description: CONV. GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

Garbage Disposal: ☐ Yes ☒ No

Auto. Dishwasher: ☒ Yes ☐ No

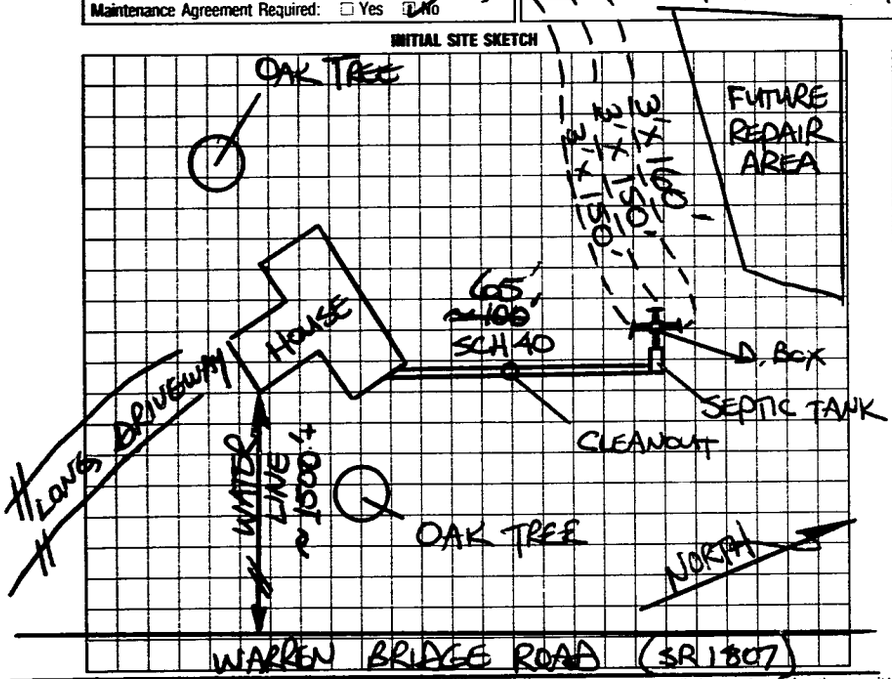
Auto. Washing Machine: ☒ Yes ☐ No

Other _____

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

Comments (1) KEEP SYSTEM MINIMUM 15' FROM BASEMENT, 10' FROM WATER LINE (2) INSTALL LINES ON CONTOUR, NO DEEPER THAN 36", 9' APART ON CENTER

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 8/27/93

Existing System Inspection by: _____ date _____

Installed by: JOE ALEXANDER / DAVID BRANSHAW

Certificate of Completion by: STEVE HEDRICK date 10/4/93

Operation Permit by: _____ date _____

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