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. 25555 DATE 11-26-96 TAX MAP NO. 16H-4-A-3 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR CHRISTOPHER JAMES PHONE: Business _____ Home 592-5054

ADDRESS P.O. BOX 182, HARMONY, NC 28634

LOCATION I-77 N TO NC 901, TR JERICHO ROAD ~ 0.3 MILE ON RIGHT

SUBDIVISION DAVID MORGAN BLOCK / SECTION _____ LOT 3 LOT AREA _____ SITE CLASS. P3 DESIGN FLOW 360 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 1 Square Feet 750 Linear Feet 250

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 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

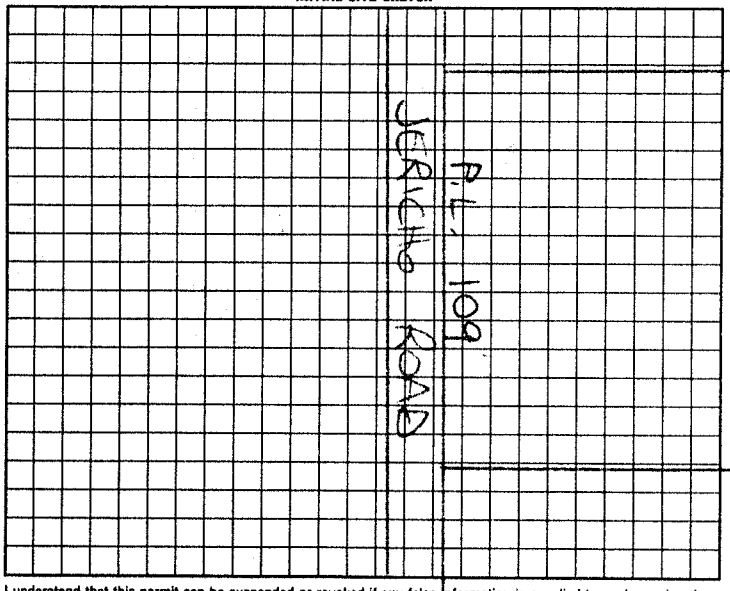
☐ Other _____

Water Supply: ☐ Individual ☐ Community ☑ Public

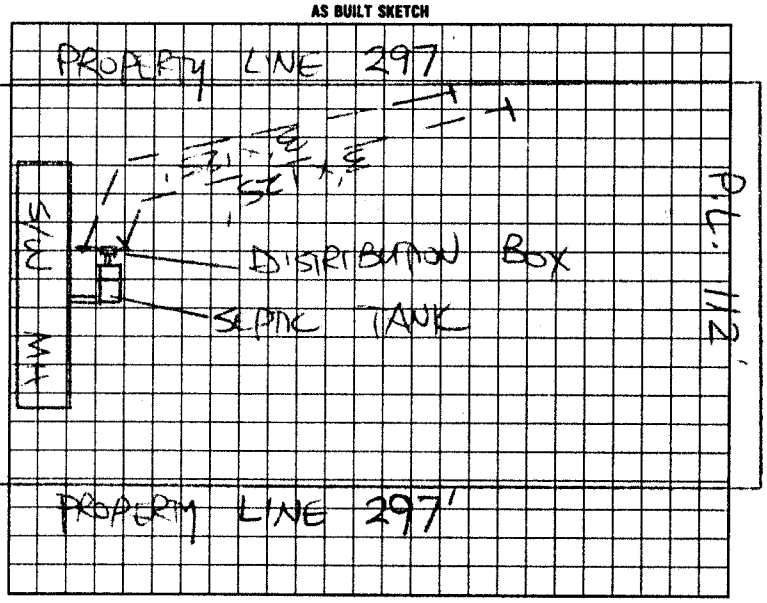
Comments:

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

Signed: Jack James

Improvement Permit by: _____ date _____

Existing System Inspection by: STEVE HEDRICK date 11-26-96

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