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. 20504 DATE 3/15/95 TAX MAP NO. 16E-A-24 (PART) Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR JAMES N. SHERRILL PHONE: Business _____ Home 546-5269

ADDRESS 119 FOREST OAKS DRIVE HARMONY NC 28634

LOCATION I-77 N, TO NC 901, TR UNION GROVE ROAD, 2.8 MILE ON RIGHT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 12+ ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 10.35 GPD/FT²

Septic Tank: 1000 Gallons; STB 794 Date 2-12-96

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: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

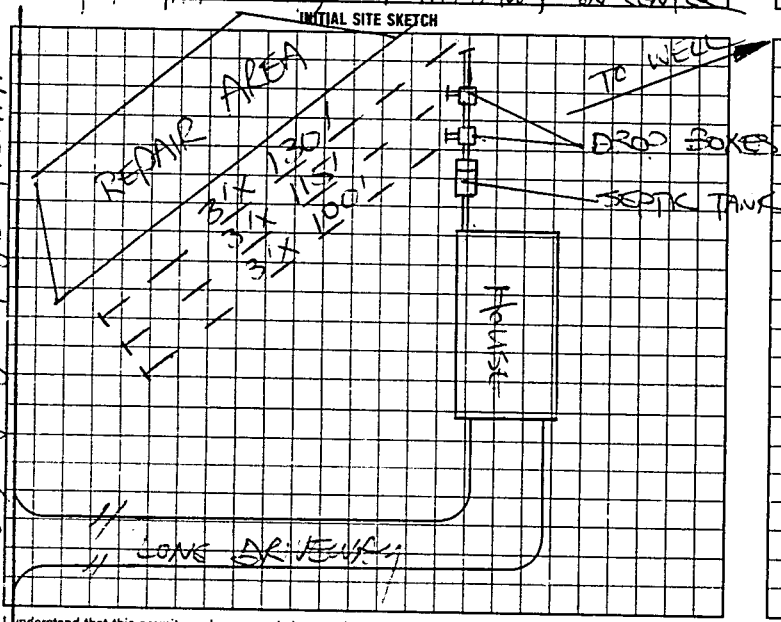
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public WELL

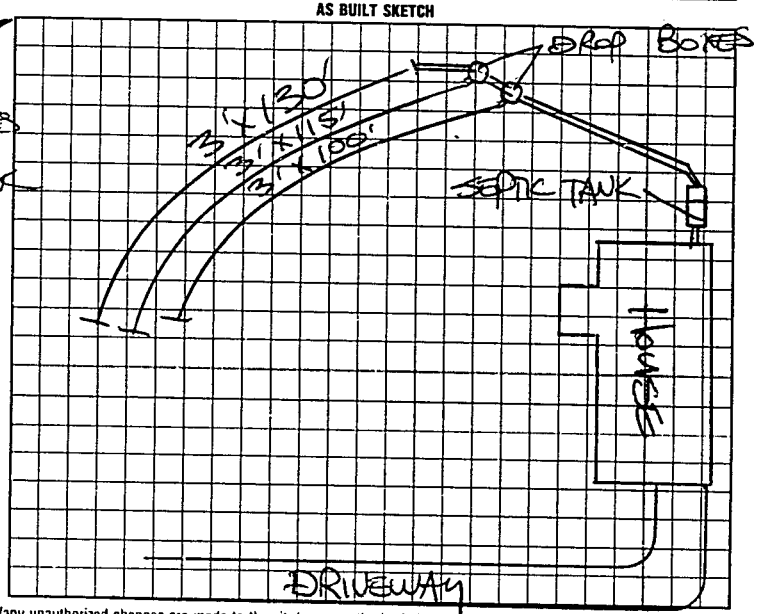
Comments: ① KEEP SYSTEM MINIMUM 5' FROM HOUSE, 10' FROM PROPERTY LINE, 100' FROM WELL ② INSTALL LINES ON CONTOUR NO DEEPER THAN 36". 9' MINIMUM ON CENTER

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH



UNION GROVE ROAD (SR 1832)

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 James N Sherrill

Improvement Permit by: STEVE HENDRICK date 3/15/95

Existing System Inspection by: _____ date _____

Installed by: JAMES HAGLER

Certificate of Completion by: _____ date _____

Operation Permit by: STEVE HENDRICK date 8-20-96

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

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