pd #75 12-17-97

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 — MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

Frye

PROPERTY DESCRIPTION NO. 22838 DATE 12-15-97 TAX MAP NO. 12N-A-166 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR LISA WARDO PHONE: Business 873-3236 Home 546-2649

ADDRESS 2765 HARMONY HWY, HARMONY, NC 28634

LOCATION US 21N, TL TOMLIN ROAD, TL HICKORY GROVE ROAD, ON RIGHT ACROSS FROM BUCKHEAD ROAD

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 4 ACRES SITE CLASS. FS DESIGN FLOW 360 L.T.A.R. 0.33 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 12-11-97

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360

No Lines SIX Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: CONVENTIONAL GRAVITY

Repair System Description: PUMP-FED CONVENTIONAL

Maintenance Agreement Required: ☐ Yes ☑ No

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

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

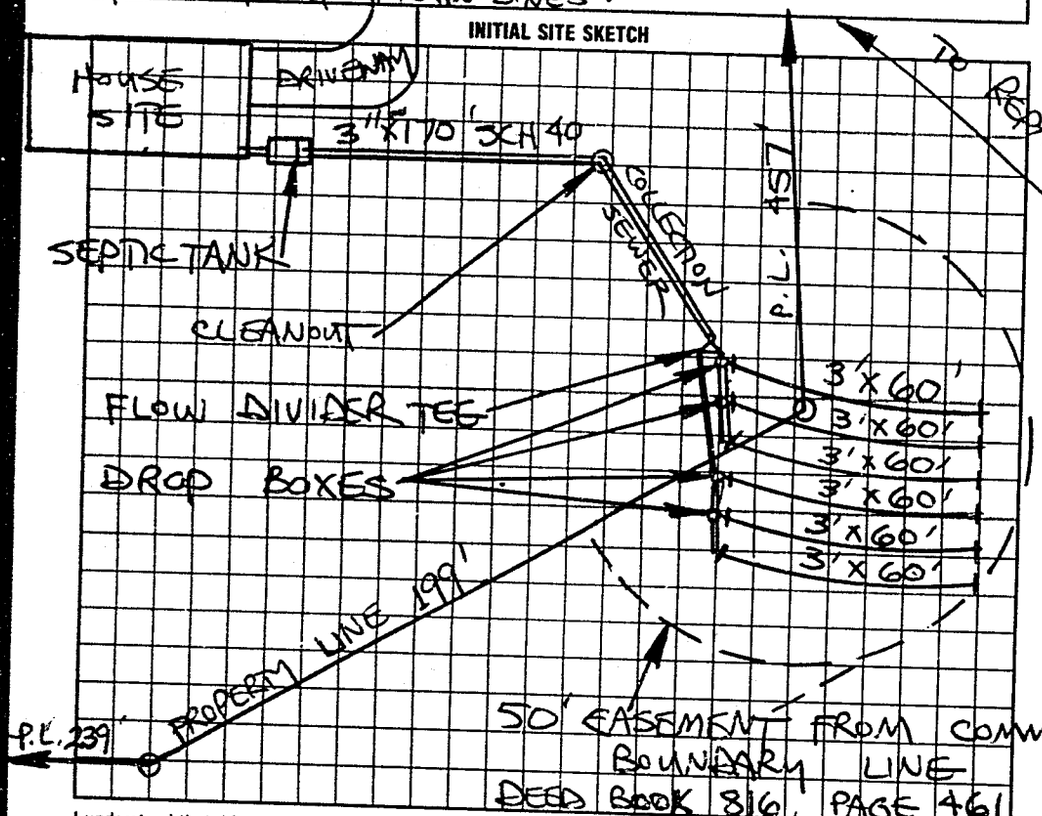
No. Bedrooms 3 No. Bathrooms 2½ No. Employees _____

Water Supply: ☐ Individual ☐ Community ☑ Public

Comments: ① THIS PERMIT VOIDS PREVIOUS ISSUED 1-5-96 ② SEE ATTACHED DEED OF EASEMENT ③ CONTACT HEALTH DEPARTMENT AFTER CLEARING & PRIOR TO INSTALLATION TO FLAG OUT DRAIN LINES.

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as shown

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. AUTHORIZATION TO CONSTRUCT IS VALID FOR 60 MONTHS FROM DATE OF ISSUANCE.

Signed: _____

Improvement Permit by: STEVE HEDRICK date 12-15-97

AUTH. TO CONST.

~~Existing System Inspection~~ by: STEVE HEDRICK date 12-15-97

Installed by: Tammy Frye

~~Certificate of Completion by:~~ _____ date _____

Operation Permit by: _____ RS date 3-16-98

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