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. 23488 DATE 4-19-96 TAX MAP NO. 12N-A-199 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR TERESSA H. CHURCH PHONE: Business ______ Home 546-5170

ADDRESS P.O. BOX 342, HARMONY, NC 28634

LOCATION US 21 N, TL TOMLIN RD, TL HICKORY GROVE RD, ON LEFT BEFORE BUCKHEAD ROAD

SUBDIVISION ______ BLOCK / SECTION ______ LOT ______ LOT AREA 1 ACRE SITE CLASS PS 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 900 Linear Feet 300

No Lines 3 Trench Width ______ Max Trench Bottom Depth ______ Gravel Depth 12"

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: ______

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

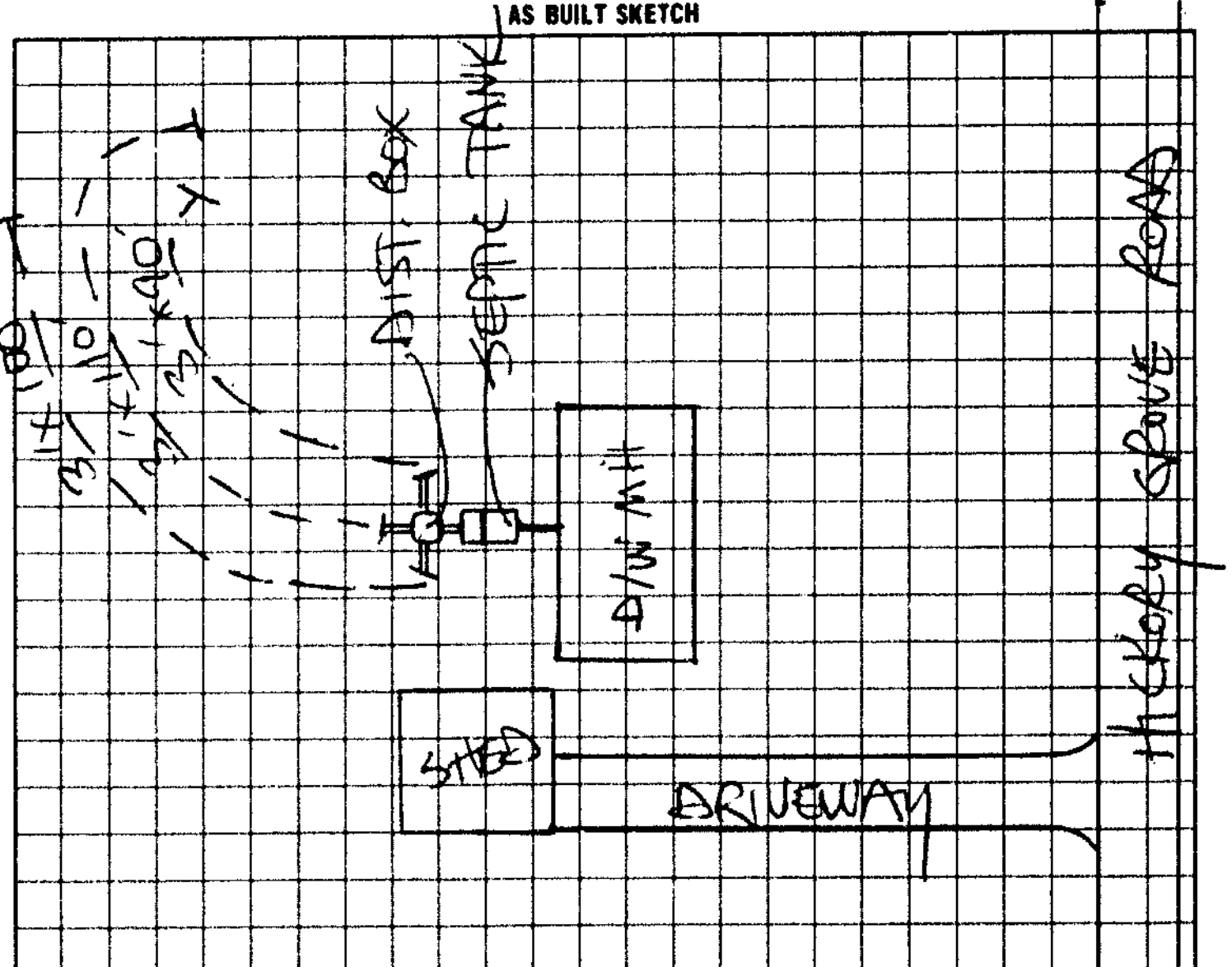
Water Supply: ☐ Individual ☐ Community ☒ Public

Comments:

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

Signed: ______ Installed by ______

Improvement Permit by: ______ date ______ Certificate of Completion by ______ date ______

Existing System Inspection by: STEVE HEDRICK date 4-19-96 Operation Permit by ______ date ______

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