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. 17124 DATE 10/25/93 TAX MAP NO. PT. OF 12H-A-32 (32)

OWNER OR CONTRACTOR ELLA MAE RUTHERFORD PHONE: Business _____ Home 546-7380

ADDRESS RT-1 Box 73 HARMONY NC 28634

LOCATION HWY 21 N, ON (R) ACROSS FROM GALLIHER RD (SR 1938)

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA ACREAGE SITE CLASS. PS L.T.A.R. 0.35 GPD/FT²

Water Supply: ☐ Individual ☐ Community ☒ Public 620 6/28/93

Septic Tank: 1000 Gallons; STB ~~1000~~ Date ~~10/25~~

Pump Tank: _____ Gallons; PT _____ Date _____

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345

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 ☒ Mobile Home D/W ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

Garbage Disposal: ☐ Yes ☒ No

Auto. Dishwasher: ☒ Yes ☐ No

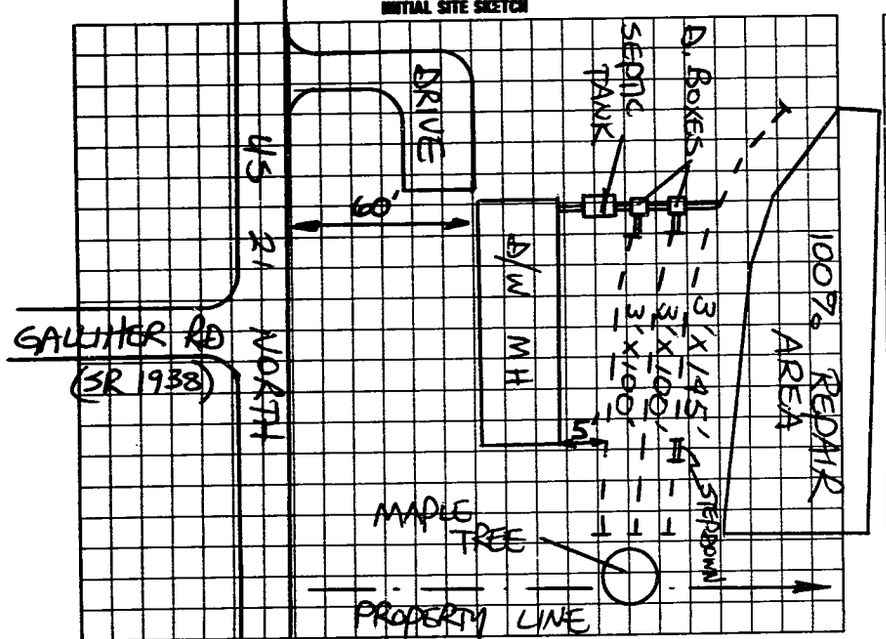
Auto. Washing Machine: ☒ Yes ☐ No

Other _____

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

Comments (1) KEEP SYSTEM MINIMUM 5' FROM MH, 10' FROM PROPERTY LINE; (2) INSTALL LINES ON CONTOUR, NO DEEPER THAN 36", 9' APART ON CENTER; (3) NO CUTTING, FILLING, OR OTHER SITE MODIFICATIONS ARE ALLOWED OVER SEPTIC FIELD.

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITAL SITE SKETCH - SYSTEM INSTALLED DURING PERIOD OF RAIN WHICH MAY AFFECT SYSTEM LIFESPAN.

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: Ella Mae Rutherford

Improvement Permit by: STEVE HEARICK date 10/25/93

Existing System Inspection by: _____ date _____

Installed by: SAMMY REAVIS

Certificate of Completion by: STEVE HEARICK date 10/26/93

Operation Permit by: _____ date _____

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