48600

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. 16935 DATE 9/1/93 TAX MAP NO. 12N-A-62

OWNER OR CONTRACTOR JAMES G. HIX PHONE: Business 871-6358 Home 873-5811

ADDRESS RT. 2 BOX 706, HAMPTONVILLE, NC 27020

LOCATION US 21 NORTH, ON (L) JUST BEFORE ROSEWOOD REST HOMES, HARMONY

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA ~112 X 495 SITE CLASS. PS L.T.A.R. 0.33 GPD/FT²

Water Supply: ☐ Individual ☐ Community ☑ Public

Septic Tank: 1000 Gallons; STB 358 Date 12/16/93

Pump Tank: _____ Gallons; PT _____ Date _____

Nitrification Field: No Fields 1 Square Feet 720 Linear Feet 240

No Lines 2 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 No. Bedrooms 2

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

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

Garbage Disposal: ☐ Yes ☑ No

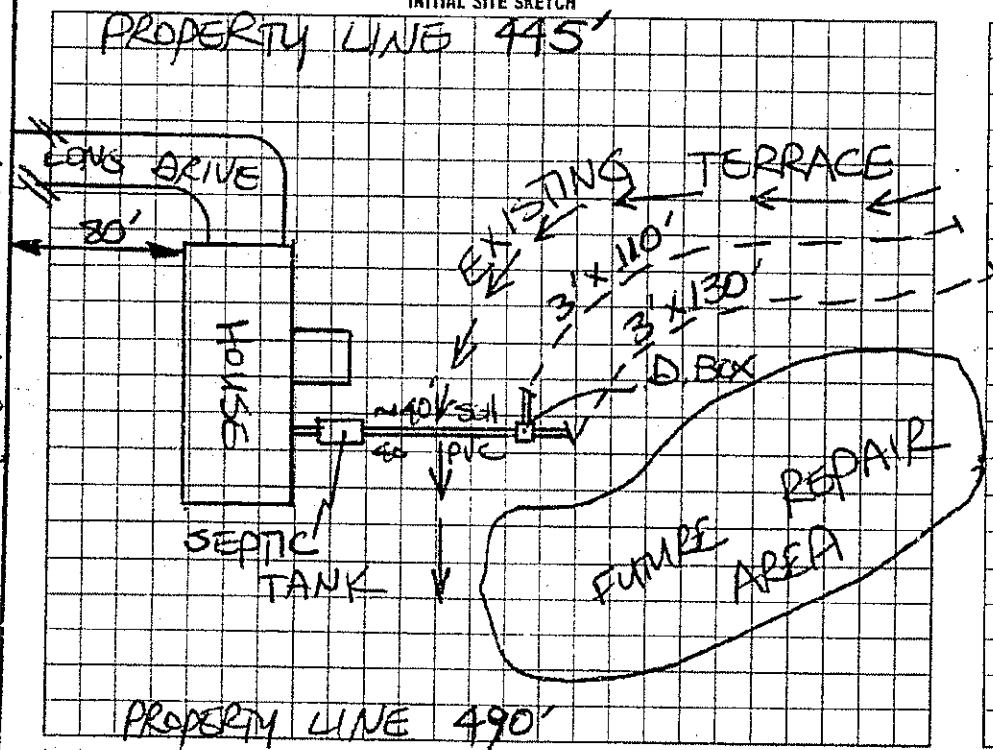
Auto. Dishwasher: ☑ Yes ☐ No

Auto. Washing Machine: ☑ Yes ☐ No

Other _____

Comments (1) KEEP SYSTEM MINIMUM 5' FROM HOUSE 10' FROM PROPERTY LINE BELOW EXISTING TERRACE, NO DEEPER THAN 36", 9' O.C. (2) INSTALL LINES ON CONTOUR

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITAL SITE 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: + Jerry Evendon

Improvement Permit by: STEVE HEDRICK date 9/1/93

Existing System Inspection by: _____ date _____

Installed by: A-1 BACKHOE

Certificate of Completion by: STEVE HEDRICK date 2/17/94

Operation Permit by: _____ date _____

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