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. _____ DATE 6/10/93 TAX MAP NO. _____

OWNER OR CONTRACTOR CHRIS ROBINSON PHONE: Business 876-0169 Home 596-7057

ADDRESS RT. 1 BOX A-8 HARMONY, NC 28634

LOCATION US 21 N, TL NC 901 W, 1ST HOUSE ON (L)

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. _____ L.T.A.R. _____

Water Supply: ☑ Individual ☐ Community ☐ Public WELL

Septic Tank: EXISTING Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Nitrification Field: No Fields 1 Square Feet 300 Linear Feet 100'

No Lines 1 Trench Width 36" Trench Depth ± 36" Gravel Depth 18"

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

System Description: _____

Repair System Description: CONV, GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 2 Garbage Disposal: ☐ Yes ☑ No

☐ Mobile Home No. Bathrooms 1 Auto. Dishwasher: ☐ Yes ☐ No

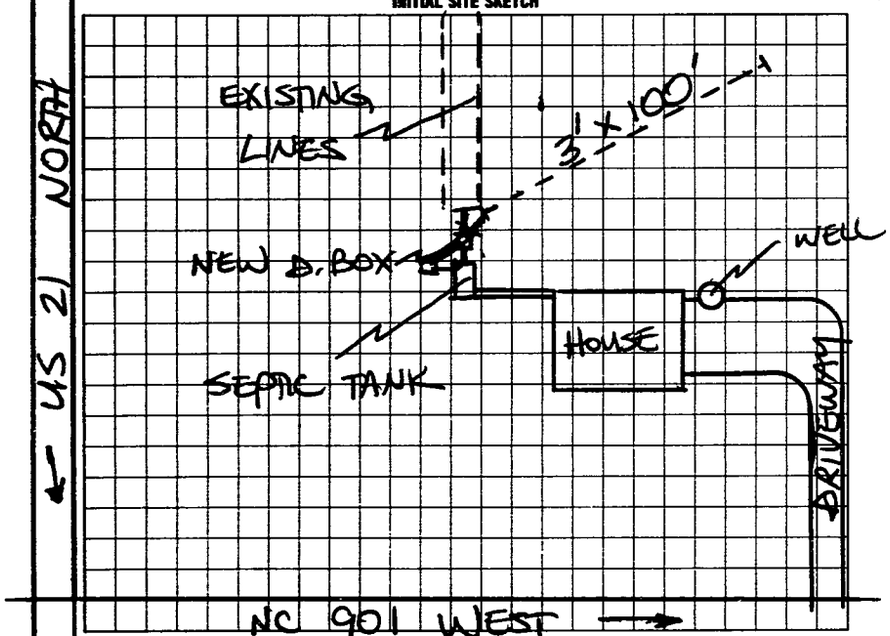
☐ Business No. Employees _____ Auto. Washing Machine: ☐ Yes ☐ No

☐ Other _____ Other _____

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

Comments (1) CHECK S.T. FOR INTEGRITY, REPLACE 'SANITARY TEE' IF NECESSARY (2) INSTALL NEW D.BOX AT LOCATION SHOWN AS SHALLOW AS POSSIBLE (3) INSTALL NEW 3' x 100' LINE AS SHOWN, ON CONTOUR, USE 18" STONE.

INITIAL SITE SKETCH



AS BUILT SKETCH

REPAIR INSTALLED ACCORDING TO INITIAL 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: Chris Robinson

Improvement Permit by: STEVE HEDRICK date 6/10/93

Existing System Inspection by: _____ date _____

Installed by: JOHN MENSCER

Certificate of Completion by: STEVE HEDRICK date 10/8/93

Operation Permit by: _____ date _____

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