1-26-96 Paid $25 - M.B

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. 22923 DATE 1-19-96 TAX MAP NO. 12N-A-183 (PART)

OWNER OR CONTRACTOR CHARLES & BONNIE GUNTER Watershed: ☐ Yes ☑ No

ADDRESS 457 CRANFILL ROAD, HARMONY NC 28634 PHONE: Business 539-4751 Home 546-2786

LOCATION US 21N, TR NC 901, TR CRANFILL ROAD, LOT ON (L) ~ 0.8 MILE AT BOX #454

SUBDIVISION ____ BLOCK / SECTION ____ LOT ____ LOT AREA 28,175 FT² SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. 0.33 GPD/FT²

Septic Tank: 1000 Gallons; STB 760 Date 9-27

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

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

No Lines 3 Trench Width 36" Max Trench Bottom Depth 18-36" Gravel Depth 12"

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

System Description: CONVENTIONAL GRAVEL

Repair System Description: CONV. GRAVEL

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 2 No. Bathrooms 1 No. Employees ____

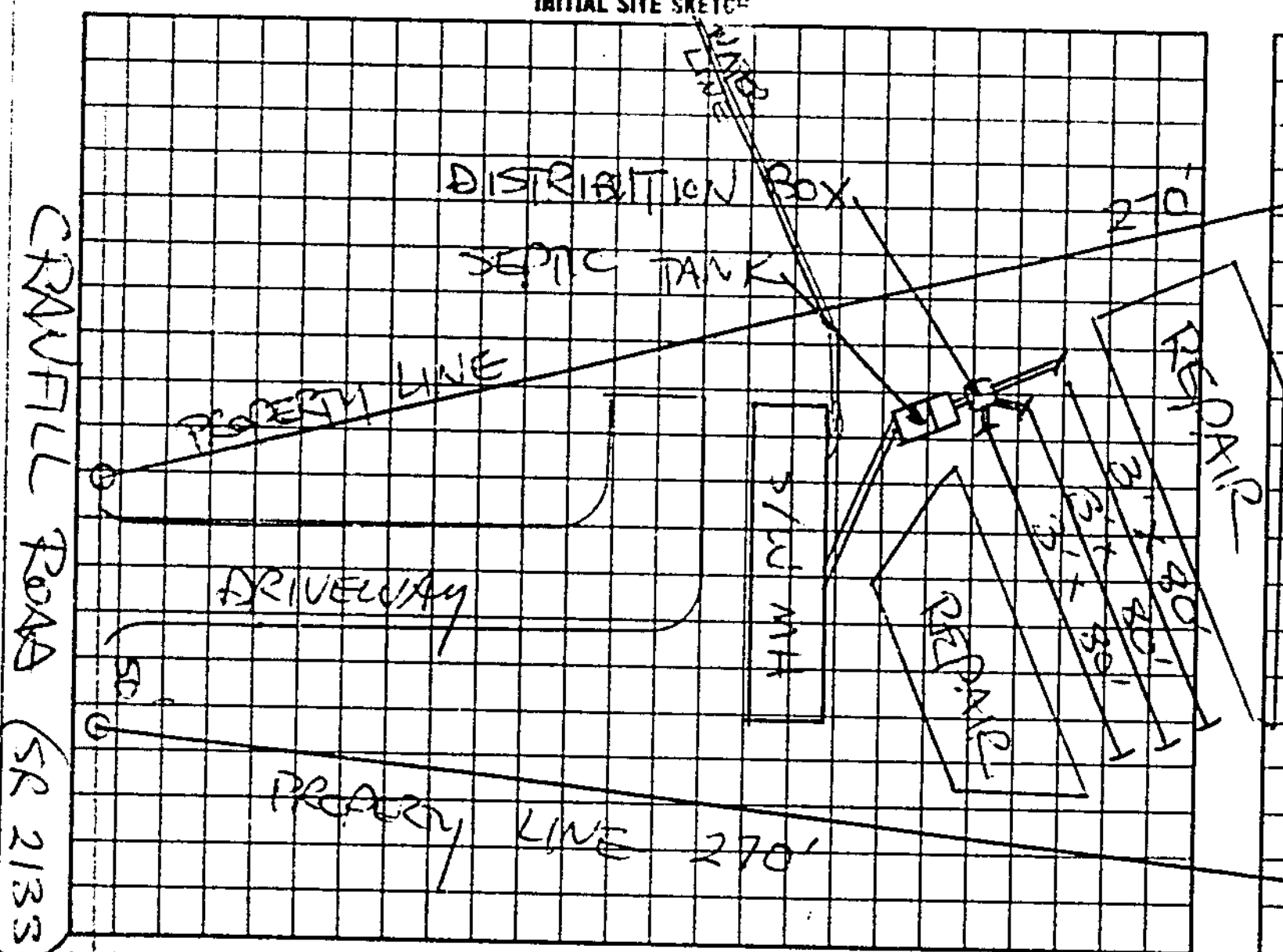
Water Supply: ☐ Individual ☐ Community ☑ Public

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

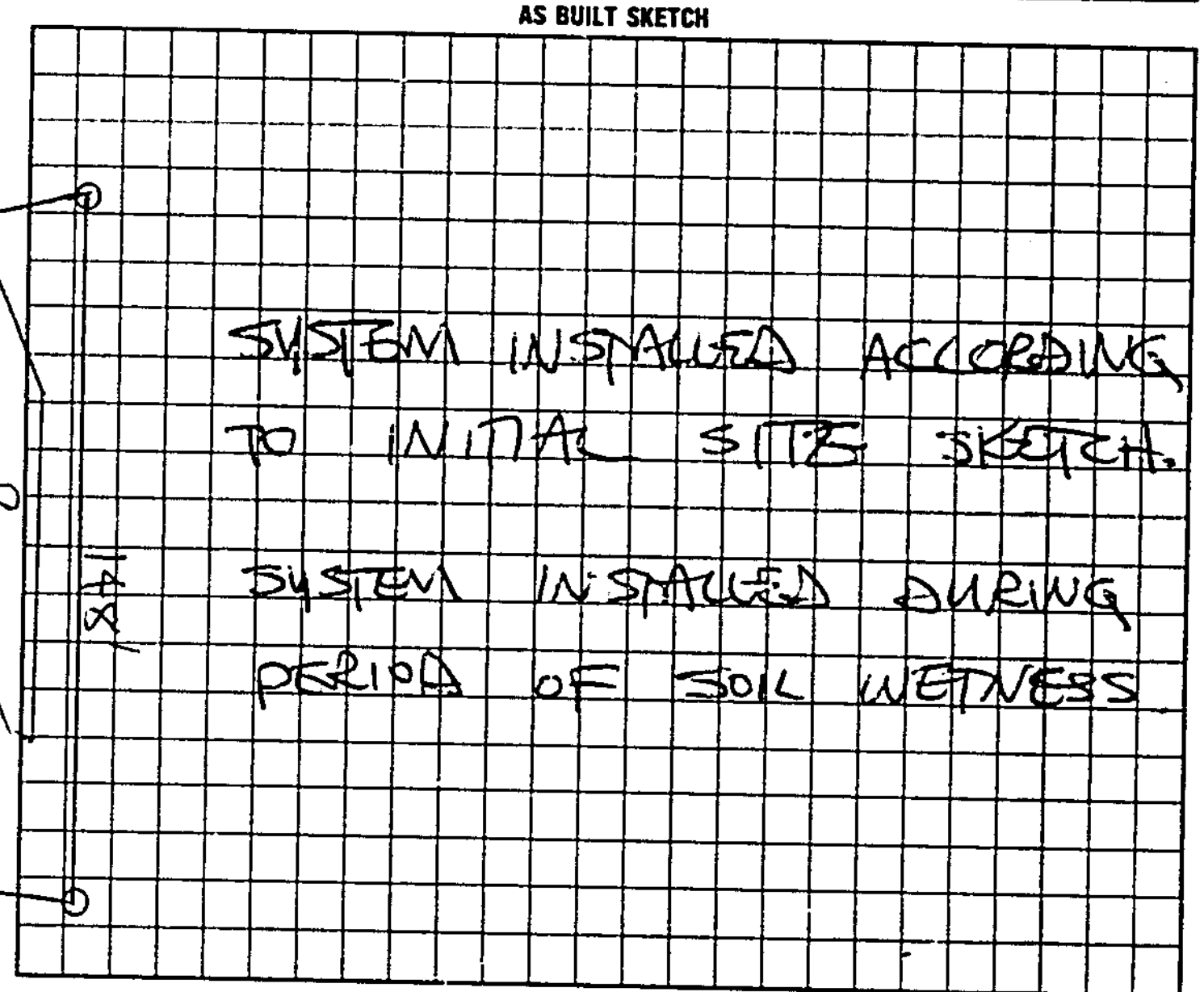
Comments: ① KEEP SYSTEM MINIMUM 5' FROM MH, 10' FROM WATER LINE, 10' FROM PROPERTY LINE ② INSTALL LINES AS FLAGGED ON CONTOUR NO DEEPER THAN 36" 9' APART ON CENTERS.

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.

AUTHORIZATION TO CONSTRUCT IS VALID FIVE (5) YEARS FROM DATE OF ISSUANCE. IMPROVEMENT PERMIT HAS NO EXPIRATION DATE.

Signed: Bonnie C. Gunter

Improvement Permit by: STEVE HEDRICK date 1-19-96

~~Existing System Inspection~~ AUTHORIZATION TO CONSTRUCT by: STEVE HEDRICK date 1-19-96

Installed by: SHERMAN DUNN

~~Certificate of Completion by:~~ ____ date ____

Operation Permit by: STEVE HEDRICK date 1-29-96

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