IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

PROPERTY DESCRIPTION NO. 24761
OWNER OR CONTRACTOR CRISTELA T. HERNANDEZ DATE 9-3-96 TAX MAP NO. 12N-A-189 (PART) Watershed: ☐ Yes ☐ No
ADDRESS 510 E. MEMORIAL HWY, HARMONY NC 28634 PHONE: Business ______ Home 546-3087
LOCATION US 21 N, TR TOMLINSON AVE, TR REDMON RD, TR PEPPERTREE, TR CEDARVALE DR 2ND LOT ON (L)
SUBDIVISION SAGEFIELD BLOCK / SECTION II LOT 42 LOT AREA 2.197 ACRE'S SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 gpd/ft²

Septic Tank: 1000 Gallons; STB 620 Date 1-7-97
Pump Tank: ______ Gallons; PT ______ Date ______
Pump Make: ______ Model ______ Serial No. ______
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400'
No Lines FIVE Trench Width 36" Max Trench Bottom Depth 18-24" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, (II), III, IV, V, VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: CONV. GRAVITY
Maintenance Agreement Required: ☐ Yes ☒ No

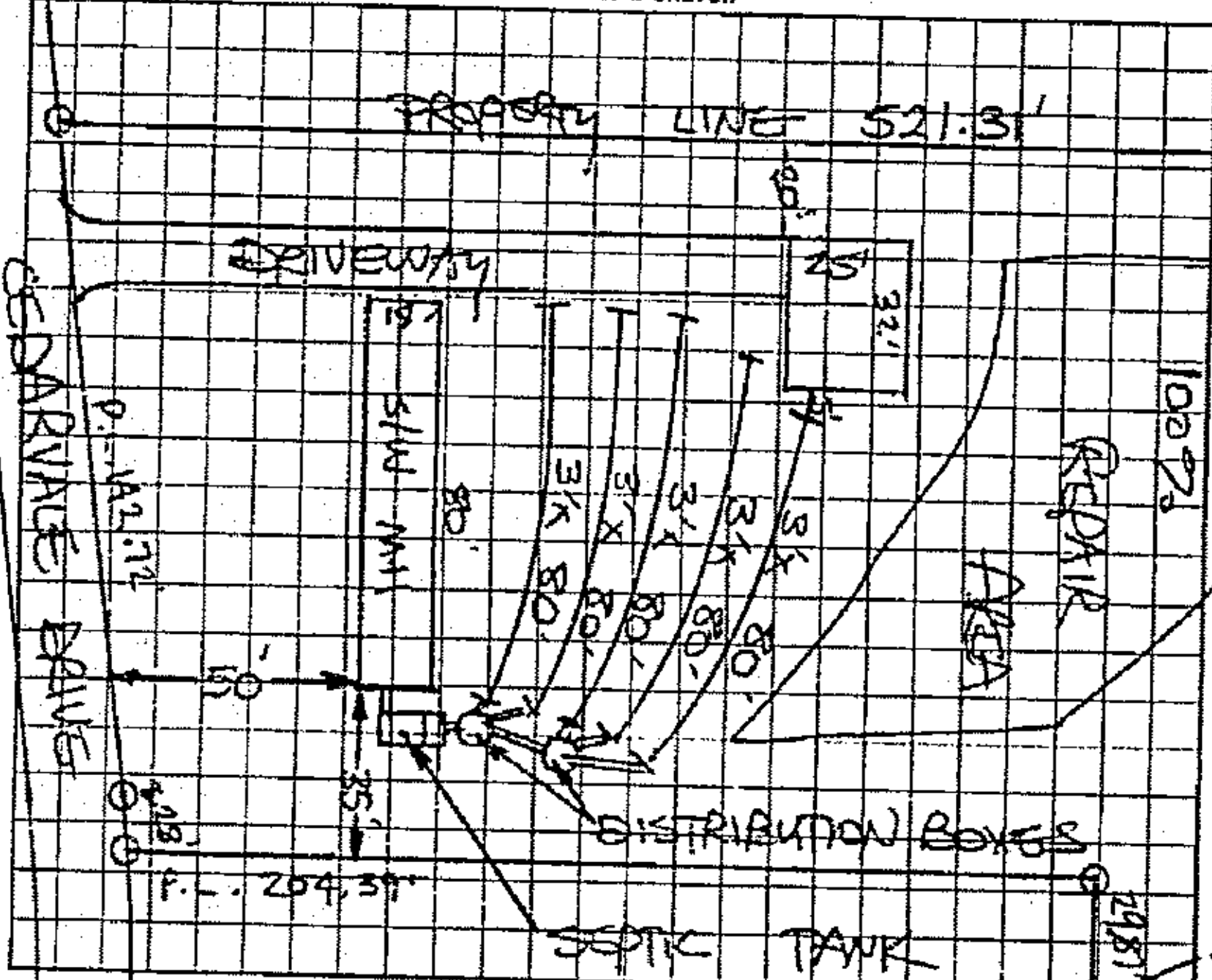
☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other ~~FUTURE SFR~~
No. Bedrooms 3 No. Bathrooms 2 No. Employees ______
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☒ Public

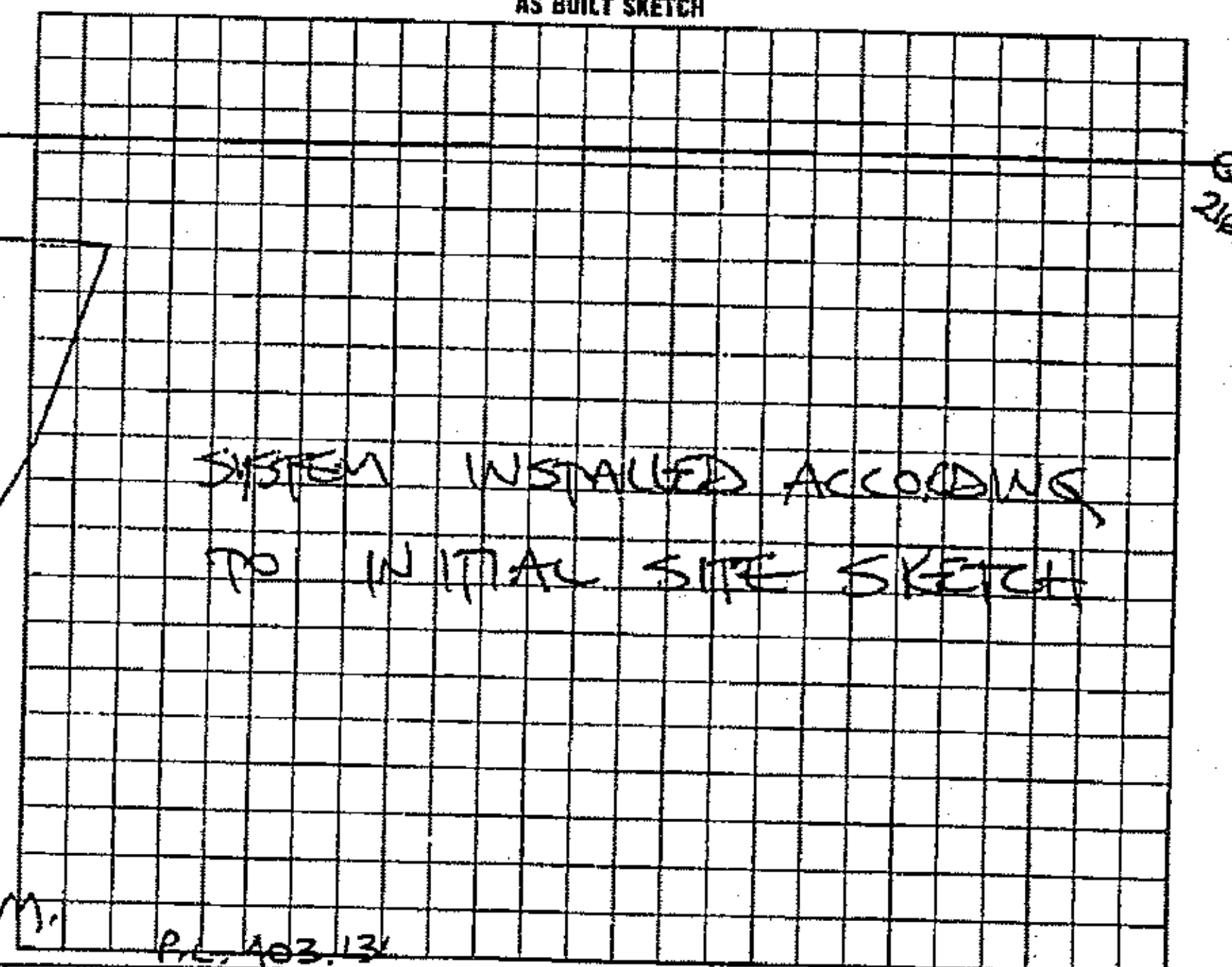
Comments: ① KEEP SYSTEM MINIMUM 5' FROM BUILDING'S & MH FOUNDATIONS, 10' FROM PROPERTY LINE ② INSTALL LINES AS SHOWN ON CONTOUR, NO DEEPER THAN 24", 9' MINIMUM ON CENTERS

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.

AUTH. TO CONST. IS VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE I.P. NOT TO EXCEED FIVE YEARS. I.P. W/SITE PLAN IS VALID FOR FIVE YEARS.

Signed: Cristela T. Hernandez Installed by: SAMMY REAVIS

Improvement Permit by: STEVE HEDRICK date 9-3-96
~~Certificate of Completion by:~~ ______ date ______
AUTHORIZATION TO CONSTRUCT ~~Existing System Inspection by~~ STEVE HEDRICK date 9-3-96
Operation Permit by STEVE HEDRICK date 3-21-97

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

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