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. 24509 DATE 11-30-96 TAX MAP NO. 12N-A-189

OWNER OR CONTRACTOR HARMONY PROPERTIES, INC PHONE: Business 532-6527 Home 532-6525 Watershed: ☐ Yes ☒ No

ADDRESS 5551 MONROE ROAD, CHARLOTTE, NC 28212 589-2842 MOBILE

LOCATION US 21N, TR HIGHLAND POINT AV, TR REDMON, TR PEPPERTREE DRIVE, LOT AT END ON RIGHT

SUBDIVISION SAGEFIELD BLOCK / SECTION II LOT 44 LOT AREA 1.113 ACRES SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 6-9-97

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet EQ TO 810 Linear Feet 204+

No Lines THREE Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: CHAMBERED GRAVITY

Repair System Description: PPBPS, GRAVITY

Maintenance Agreement Required: ☐ Yes ☒ No

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

☐ House/Mod. Home No. Bedrooms 2

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

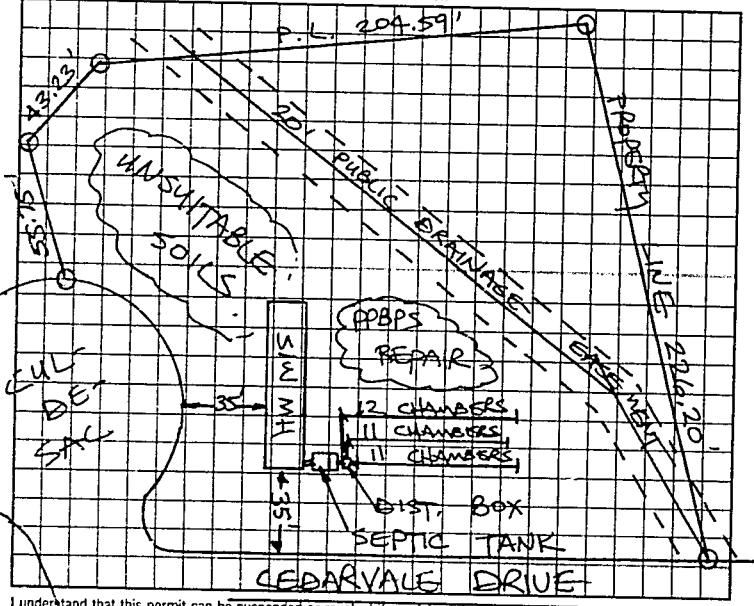
☐ Other 2 BEDROOM ONLY

Water Supply: ☐ Individual ☐ Community ☒ Public

Comments: ① INSTALL 34 CHAMBERS IN THREE LINES ON CONTOUR AS SHOWN ② LOT APPROVED FOR TWO-BEDROOM UNIT ONLY.

Comments:

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.

Auth. to Const. is valid for a period equal to the validity of the IP not to exceed five years. IP w/site plan is valid five years.

Signed: _____

Improvement Permit by: STEVE HEDRICK date 11-30-96

Authorization to Construct: _____

XXXXXXXXXXXXXXXXXXXX by: STEVE HEDRICK date 11-30-96

Installed by: RICK SHOOK

Certificate of Completion by: _____ date _____

Operation Permit by STEVE HEDRICK date 8-22-97

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

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