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. 24124 DATE 11-30-96 TAX MAP NO. 12N-7-A-9 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR HARMONY PROPERTIES, INC PHONE: Business 532-6527 Home 532-6525/589-2842 MOBILE

ADDRESS 5551 MONROE ROAD, CHARLOTTE, NC 28212

LOCATION US 21 N, TR HIGHLAND POINT AVE, TR REAMON, 6TH LOT ON RIGHT

SUBDIVISION SAGEFIELD BLOCK / SECTION I LOT 9 LOT AREA 0.75 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB _____ Date 2-7-98

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines FOUR Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

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

System Description: CONV. GRAVITY

Repair System Description: CONV. PUMP

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

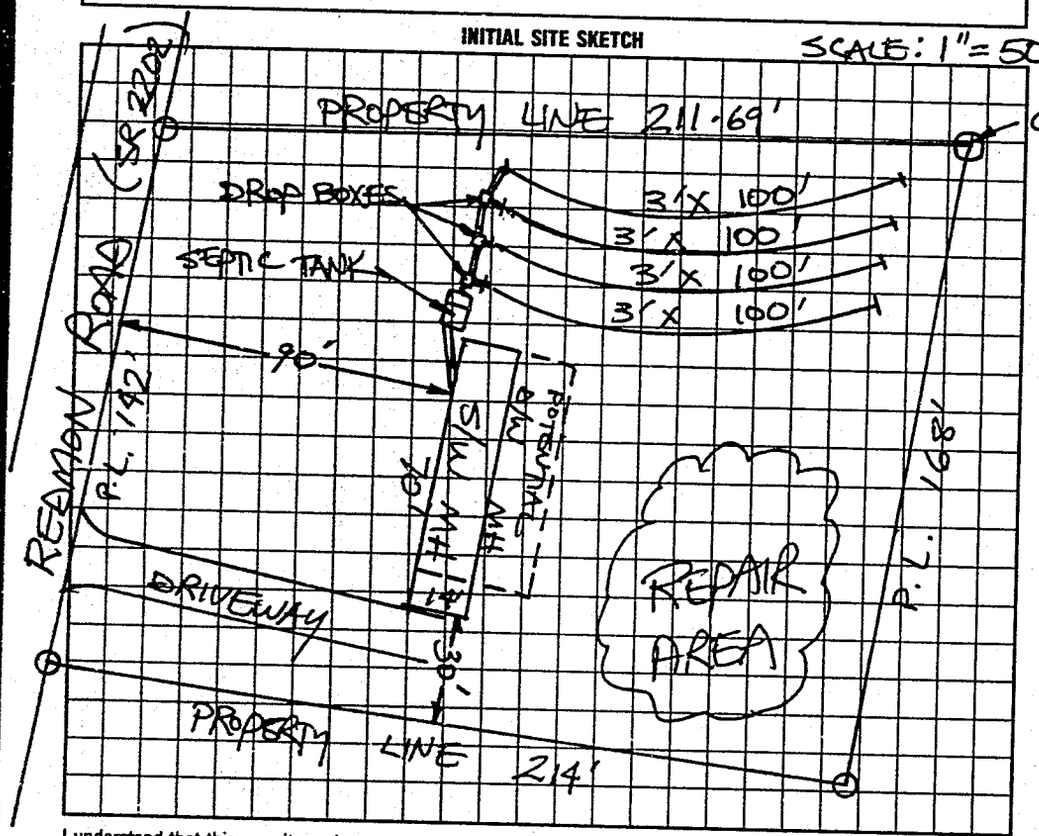
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

Comments: INSTALL FOUR LINES ON CONTOUR AS SHOWN.

Comments:

INITIAL SITE SKETCH SCALE: 1"=50'



AS BUILT SKETCH

Installed as shown

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: Authorization to Construct STEVE HEARICK date 11-30-96

Existing System Inspection by: STEVE HEARICK date 11-30-96

Installed by: C&M Enterprises

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date 3-24-98

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