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. HARMONY DATE 6-3-97 TAX MAP NO. 4871-50-9183 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR TONY H. EVERIDGE PHONE: Business 873-1800 Home 546-3069

ADDRESS P.O. BOX 72 HARMONY, NC 28634

LOCATION US 21 N, TR HAYES STREET, 2ND LOT ON RIGHT

SUBDIVISION HAYES ST. BLOCK / SECTION LOT 2 LOT AREA LIMITED SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 6-3-97

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 630 TO 810 Linear Feet 160

No Lines FOUR Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth 6" STONE

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

System Description: PPBPS, GRAVITY

Repair System Description: CHAMBERED, PUMP

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other 2BR ONLY

No. Bedrooms 2 No. Bathrooms 2 No. Employees

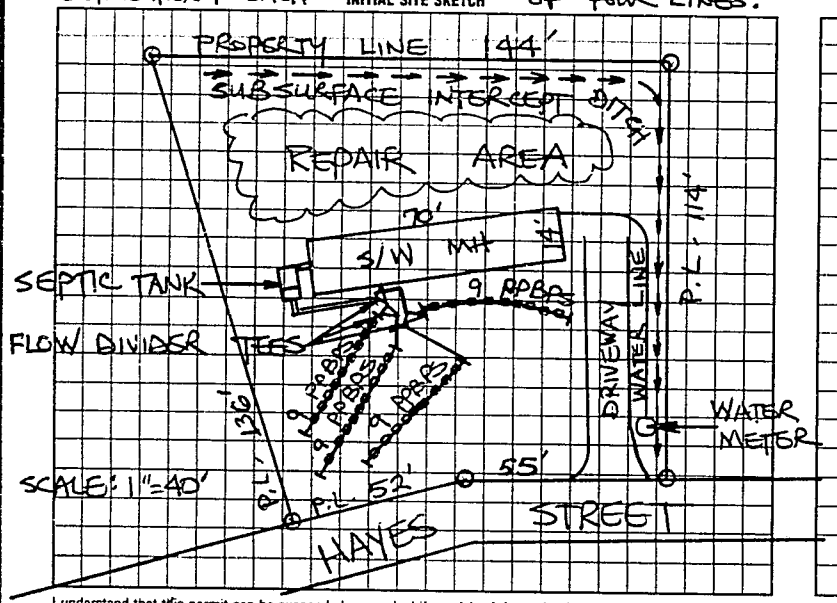
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Individual ☐ Community ☒ Public

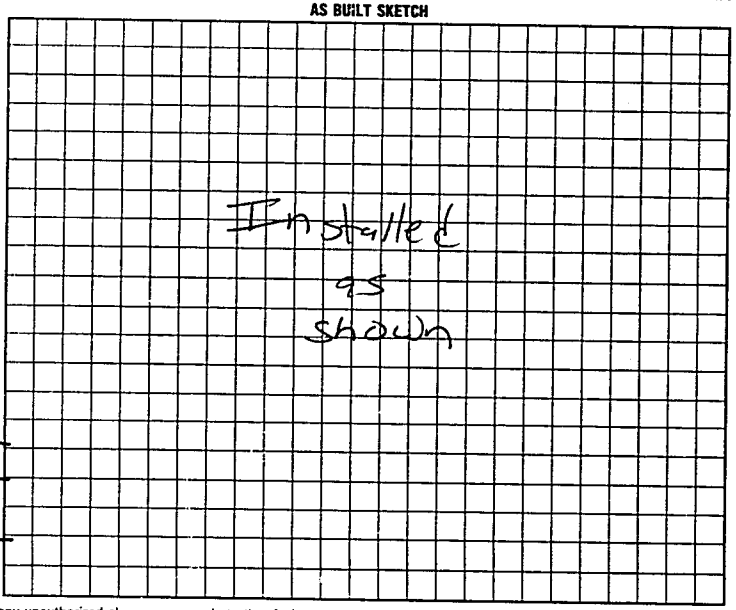
Comments: (1) CONSTRUCT SUBSURFACE INTERCEPT DRAINAGE DITCH AT LOCATION SHOWN BEGINNING 4 FEET DEEP (2) INSTALL 36 PPBPS IN FOUR EQUAL LENGTH LINES (3) USE THREE FLOW DIVIDER TEES TO ACHIEVE EQUAL DISTRIBUTION TO EACH OF FOUR LINES.

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. Improvement Permit is valid for 60 months from date of issuance. AUTHORIZATION TO CONSTRUCT IS VALID FOR 60 MONTHS FROM DATE OF ISSUANCE.

Signed: Iredell County

Improvement Permit by: STEVE HEDRICK date 6-3-97

~~Auth. to Const.~~ ~~Existing System Inspection~~ by: STEVE HEDRICK date 6-3-97

Installed by: Tommy Frye

~~Certificate of Completion by:~~ date

Operation Permit by: Mary C Outlaw date 8-8-97

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

9 9 5 0 0 0