PMA #30 Rct # 7214 Margaret Burke

# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PROPERTY ~~RECORD~~ RECEIPT NO. 7214 DATE 9/28/93 TAX MAP NO. 12N-1-A-3

OWNER OR CONTRACTOR DAVID & BUDDY GAITHER PHONE Business 546 2523 Home

ADDRESS Rt. 1, Box 95, HARMONY, NC, 28634

LOCATION US 21 N, TR, HAYES St. 1st, MH ON (R)

SUBDIVISION BLOCK / SECTION LOT 3 LOT AREA SITE CLASS PS L.T.A.R. EXISTING

Water Supply: ☐ Individual ☐ Community ✓ Public

Septic Tank: 1000 Gallons; STB Date

Pump Tank: Gallons; PT Date

Nitrification Field: No Fields 1 Square Feet Linear Feet EXISTING

No Lines Trench Width Trench Depth Gravel Depth

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

System Description: CONV. GRAVITY

Repair System Description:

Maintenance Agreement Required: ☐ Yes ✓ No

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

No. Bedrooms 2 No. Bathrooms 1 1/2 No. Employees

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

Garbage Disposal: ☐ Yes ✓ No

Auto. Dishwasher: ✓ Yes ☐ No

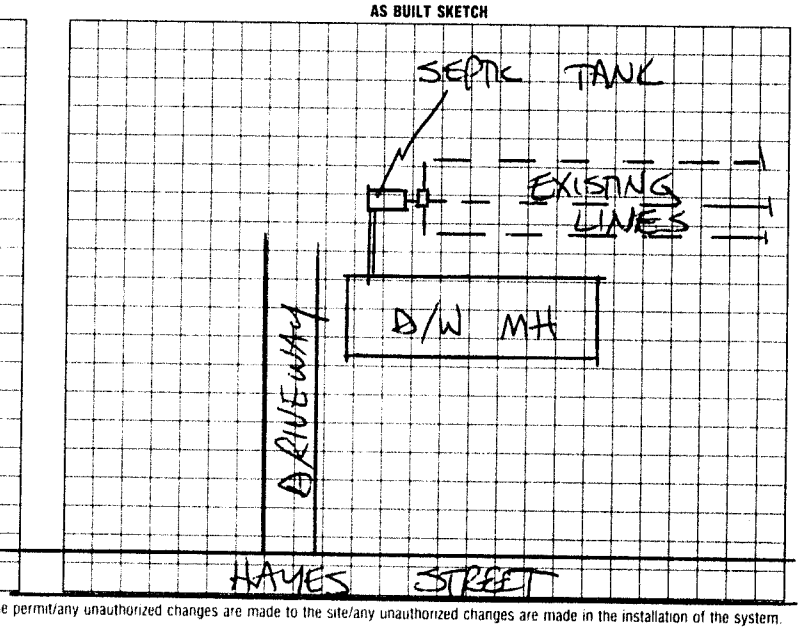
Auto. Washing Machine: ✓ Yes ☐ No

Other

Comments (1) KEEP MH MINIMUM 5' FROM SEPTIC SYSTEM (2) NO PROPERTY DESCRIPTION FORM FOR TOWN OF HARMONY

**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

Signed:

Improvement Permit by: date

Existing System Inspection by: STEVE HEDRICK date 9/28/93

Installed by

Certificate of Completion by date

Operation Permit by date

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