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 4/5/94 TAX MAP NO. 12N-2-B-25-28 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR JOHNNY IRELAND PHONE: Business _____ Home 546-2761

ADDRESS RT. 2, BOX 307E, HARMONY, NC 28634

LOCATION US 21 N, TR, HAYES ST, 3RD MH ON (R)

SUBDIVISION _____ BLOCK / SECTION _____ LOT 25-28 LOT AREA AMPLE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. EXISTING

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ____ Square Feet _____ Linear Feet EXISTING

No Lines _____ Trench Width _____ Max Trench Bottom 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

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

☐ ~~House~~/Mod. Home No. Bedrooms 3

☐ ~~Mobile~~ Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

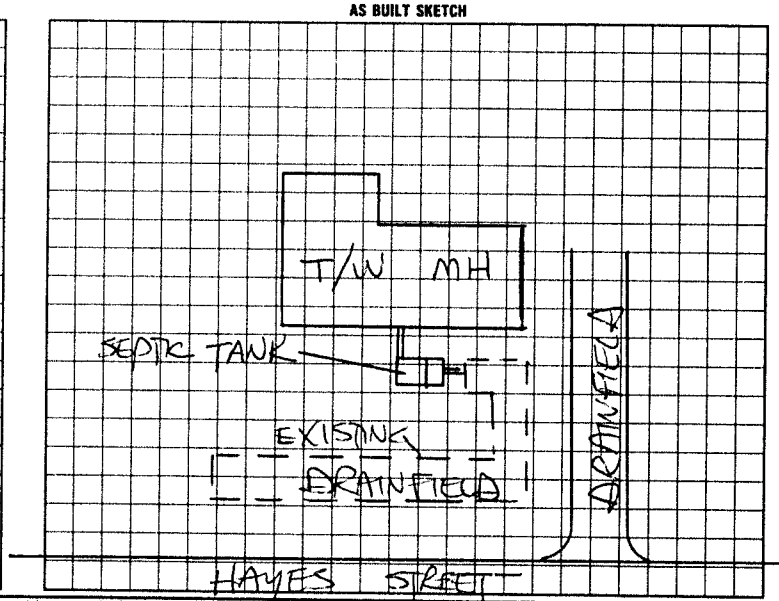
Water Supply: ☐ Individual ☐ Community ☒ ~~Public~~

Comments:

Comments: KEEP MH MINIMUM 5' FROM SEPTIC SYSTEM

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 4/5/94

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