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 4-30-97 TAX MAP NO. HARMONY

OWNER OR CONTRACTOR BUDDY & DAVID SAMMER PHONE: Business 546-2523 Home 546-2327 Watershed: ☐ Yes ☑ No (JENNETTE'S CREEK)

ADDRESS 3306 HARMONY HIGHWAY HARMONY NC 28634

LOCATION US 21 N. TR HAYES STREET 1/2 MI LOT ON RIGHT

SUBDIVISION HAYES BLOCK / SECTION ____ LOT 20 LOT AREA AMPLE SITE CLASS. PS DESIGN FLOW 600 L.T.A.R. 0.30 GPD/FT²

Septic Tank: ~~EXISTING~~ 1500 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 720 Linear Feet 240

No Lines THREE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: CONV. GRAVITY (CONCRETE)

Repair System Description: CONV. GRAVITY (LOT 20)

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other +2BR SW NEXT DOOR

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

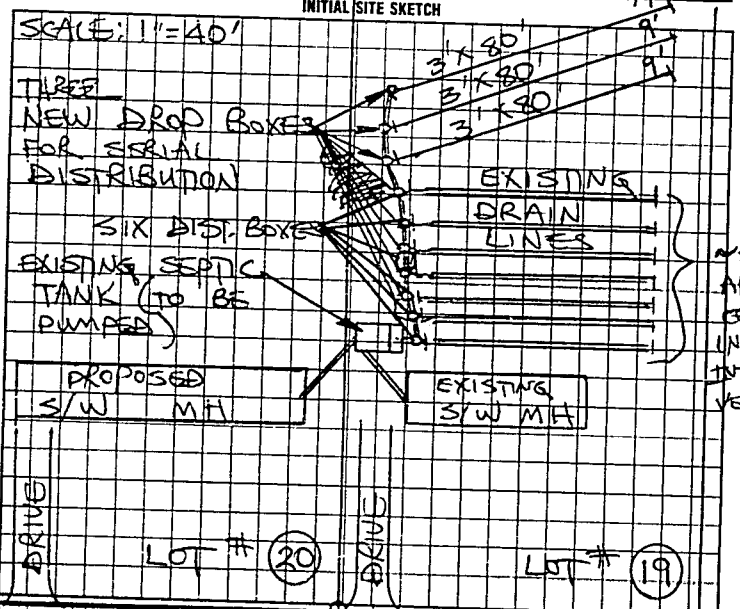
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

Comments: ① PUMP OUT EXISTING 1500 GAL SEPTIC TANK.
② INSTALL NINE DROP BOXES FOR SERIAL DISTRIBUTION.
③ LANDSCAPE TO PREVENT PONDING OVER DRAINFIELD.
④ THIS SYSTEM SERVES TWO DWELLINGS .. TYPE III

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM EXPANDED AS SHOWN TO ACCOMODATE ADDITIONAL BEDROOM.
SYSTEM SIZED TO ACCOMODATE FIVE BEDROOMS

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: X David Sammer

Improvement Permit by: STEVE HEDRICK date 4-30-97

AUTH. TO CONST.

~~Existing System Inspection~~ by: STEVE HEDRICK date 4-30-97

Installed by: Tommy Frye

~~Certificate of Completion by:~~ ____ date ____

Operation Permit by: STEVE HEDRICK date 5-16-97

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