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. 068664 DATE 8-15-97 TAX MAP NO. 4873 96 1084 (PT) Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR ETHEL CARSON (ESTATE) PHONE: Business Home 546-2379

ADDRESS 4725 HARMONY HWY HAMPTONVILLE NC 27020

LOCATION US 21 NORTH, CROSS HUNTING CREEK 3RD HOUSE ON LEFT PAST DAIRY (BOX #4725)

SUBDIVISION BLOCK / SECTION LOT LOT AREA AMPLE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.40 GPD/FT

Septic Tank: 1000 Gallons; STB 620 Date 8-12-97

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

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: CONVENTIONAL GRAVITY

Repair System Description: PUMP TO CHAMBER

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

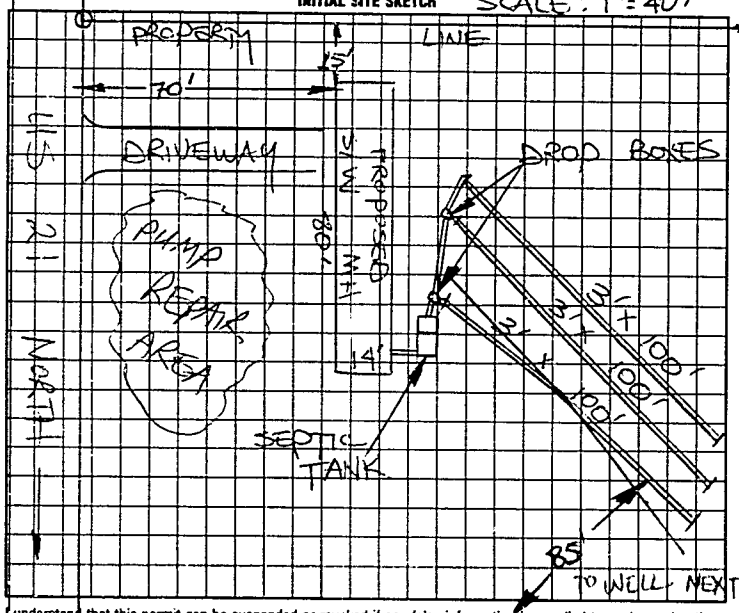
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public WELL

Comments: ① MH MUST BE SET-UP AS SHOWN ② KEEP SYSTEM MAXIMUM FEASIBLE DISTANCE FROM WELL (85')

Comments: TANK AND UPPER TWO LINES CHECKED OK 9-19-97 RSH

INITIAL SITE SKETCH SCALE: 1"=40'



AS BUILT SKETCH

Same as Initial 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 ISSUE.

Signed: Nina T. Widmon

Installed by: Sammy Reavis

Improvement Permit by: STEVE HEDRICK date 8-15-97

AUTH. TO CONST.

Existing System Inspection by: STEVE HEDRICK date 8-15-97

~~Certificate of Completion by:~~ date

Operation Permit by: L. C. Moore date 9-22-97

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

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