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. 21980 DATE 9-7-95 TAX MAP NO. 12J-A-86 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR PHILLIP FOSTER PHONE: Business Home 546-2986

ADDRESS P.O. BOX 173, HARMONY NC 28634

LOCATION US 21 N, TR NC 901, TL SKYVIEW LAKE, BEAR (B) 2ND MH ON (B)

SUBDIVISION BLOCK / SECTION LOT LOT AREA SITE CLASS P3 DESIGN FLOW 240 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 1 Square Feet Linear Feet EXISTING

No Lines 1-BED Trench Width Max Trench Bottom Depth Gravel Depth 16"

☐ 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 2

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

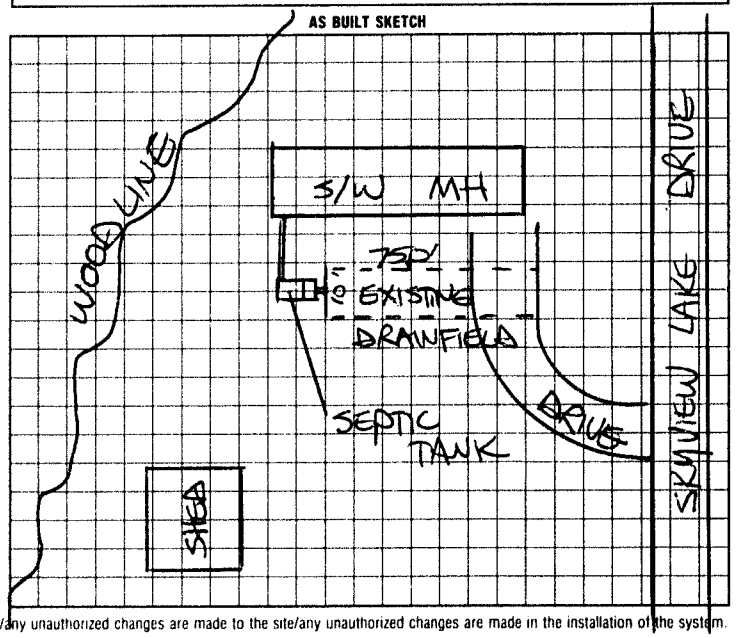
Water Supply:
☐ Individual
☐ Community
✓ Public

Comments:

Comments: KEEP BUILDING MINIMUM 5' FROM 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.

Signed:

Improvement Permit by: date

Existing System Inspection by: STEVE HEDRICK date 9-7-95

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