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. 21137 DATE 5/16/95 TAX MAP NO. 12J-1-A-5 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR GEORGE T. HAYNES PHONE: Business _____ Home 546-2464

ADDRESS 799E MEMORIAL HWY, HARMONY, NC 28634

LOCATION US21 N, TR NC901 TR, MHP DRIVE, JUST BEFORE DYSON RD, 2ND MH ON LEFT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.38 Ac. SITE CLASS PS DESIGN FLOW 360 L.T.A.R. EXISTING

Septic Tank: EXISTING Gallons; STB _____ Date _____
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 300 Linear Feet 100
No Lines _____ Trench Width 36" Max Trench Bottom Depth 36"

☐ New System ☑ Repair System Type: I, II, III, IV, V, VI
System Description: CONV. GRAVITY
Repair System Description: CONV. GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No
Gravel Depth (24") ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

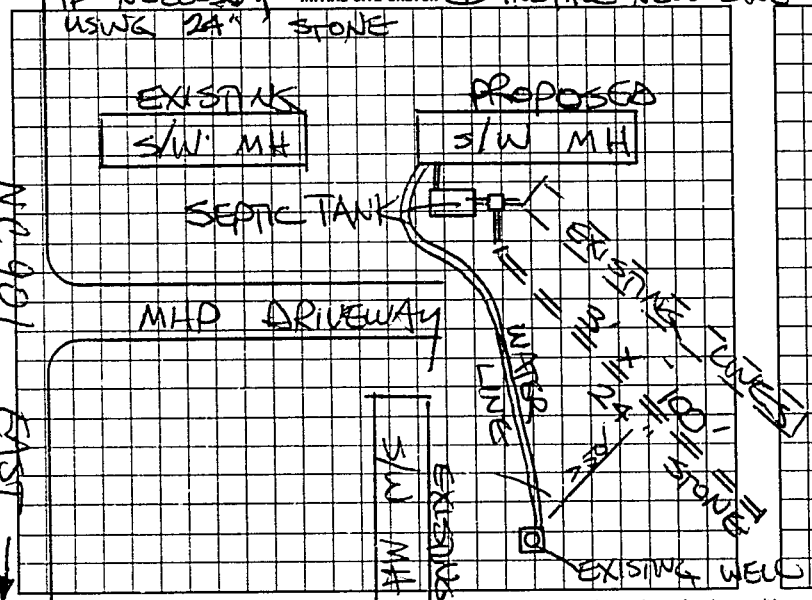
☐ House/Mod. Home No. Bedrooms 3
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

Water Supply:
☑ Individual
☐ Community
☐ Public
WELL

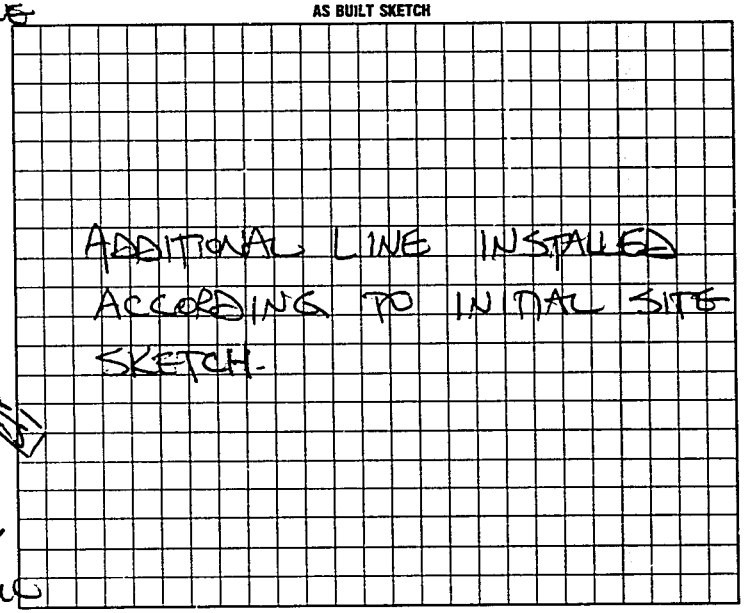
Comments: (1) REROUTE EXISTING WATER LINE AROUND SYSTEM MINIMUM 10' HORIZONTAL SEPERATION (2) INSTALL NEW DIST. BOX AS SHOWN (3) PUMP OUT SEPTIC TANK & CHECK SANITARY TEE, REPLACE IF NECESSARY (4) INSTALL NEW LINE USING 24" STONE

Comments:

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: X George T. Haynes

Improvement Permit by: STEVE HEDRICK date 5/16/95

Existing System Inspection by: _____ date _____

Installed by: SAMMY REGNIS

Certificate of Completion by: STEVE HEDRICK date 6/8/95

Operation Permit by: _____ date _____

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

609000