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. 066026 DATE 6-21-97 TAX MAP NO. 4883492605 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR [redacted] SCOTTIE D. WIKE PHONE: Business Home 873-3678

ADDRESS 288 ANTHONY ROAD, HARMONY NC 28634

LOCATION US 21 N, TR ANTHONY ROAD, LAST LOT ON LEFT BEFORE PAVEMENT END (AT BRANCH)

SUBDIVISION BLOCK / SECTION LOT 1 LOT AREA 0.94 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.375 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 11-4-97

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 960 Linear Feet 320

No Lines FOUR Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONV. PUMP

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

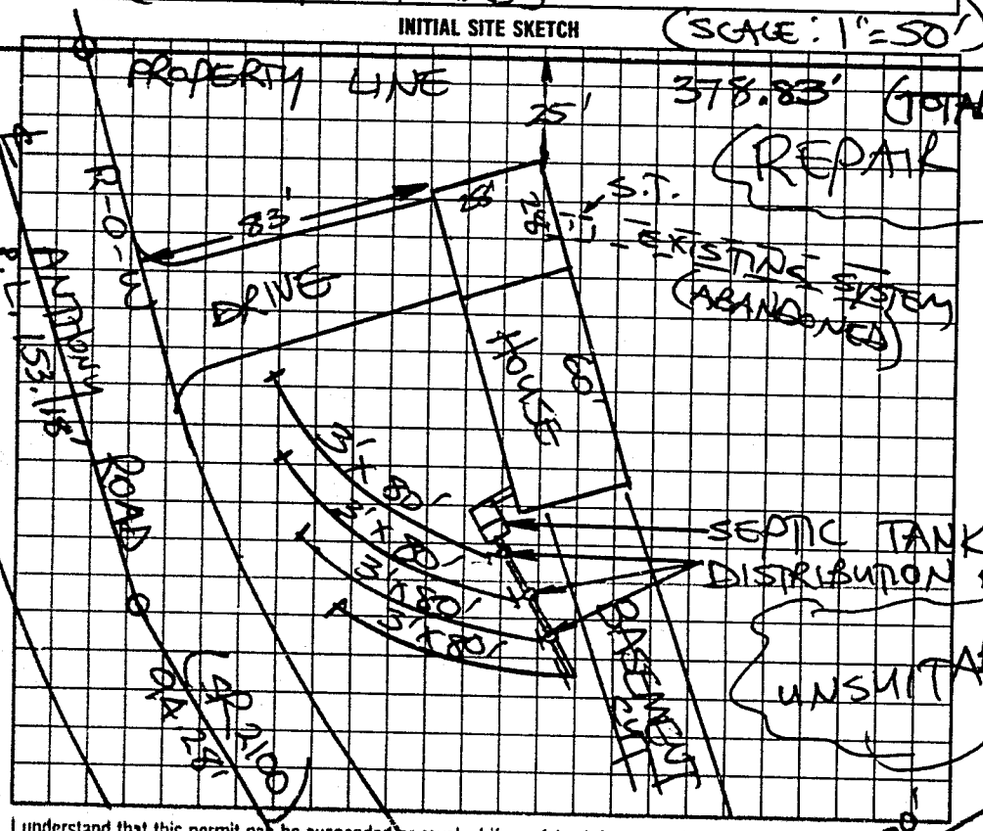
☐ Other

Water Supply:
☑ Individual
☐ Community
☐ Public
WELL NEXT DOOR

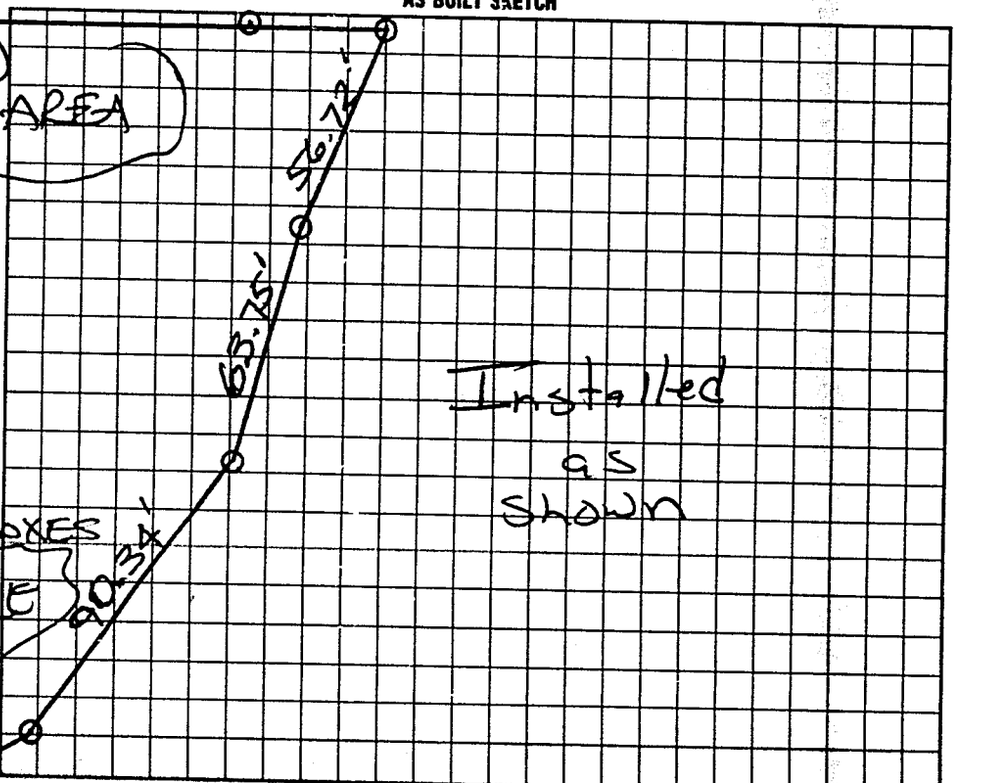
Comments: USE EXISTING SEPTIC TANK IF EXCAVATED & INSTALLED W/O CRACKING OR OTHER DAMAGE. TANK TO BE INSPECTED BEFORE INSTALLATION (OUT OF GROUND)

Comments:

INITIAL SITE SKETCH (SCALE: 1"=50')



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. AUTHORIZATION OF I.P. TO CONSTRUCT IS VALID FOR 60 MONTHS FROM DATE OF ISSUANCE.

Signed: [redacted] Scottie D. Wike

Improvement Permit by: STEVE HEDRICK date 6-21-97

AUTH. TO CONST. Existing system inspection by: STEVE HEDRICK date 6-21-97

Installed by: Steve Jordan

~~Certificate of Completion~~ by: date

Operation Permit by: [signature] date 2-13-98

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