THOMAS & JENNIFER ANDERSON

10.00 Jackson landscaping

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. 069407 DATE 10-23-97 TAX MAP NO. 4892.50 4339 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR J. LAWRENCE ROBINSON PHONE: Business 872-5373 Home (910) 682-4640

ADDRESS 617 ROCK SPRINGS ROAD, HARMONY, NC 28634

LOCATION US21 N, TR POWELL BRIDGE, TR TURKEY FOOT, TR ROCK SPRINGS, 1ST LOT ON RIGHT

SUBDIVISION ROCK SPRINGS BLOCK / SECTION ____ LOT 6 LOT AREA 2.276 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 620 Date 5-9-97

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 120± Linear Feet 400

No Lines Four 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: CONV GRAVITY

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 ____

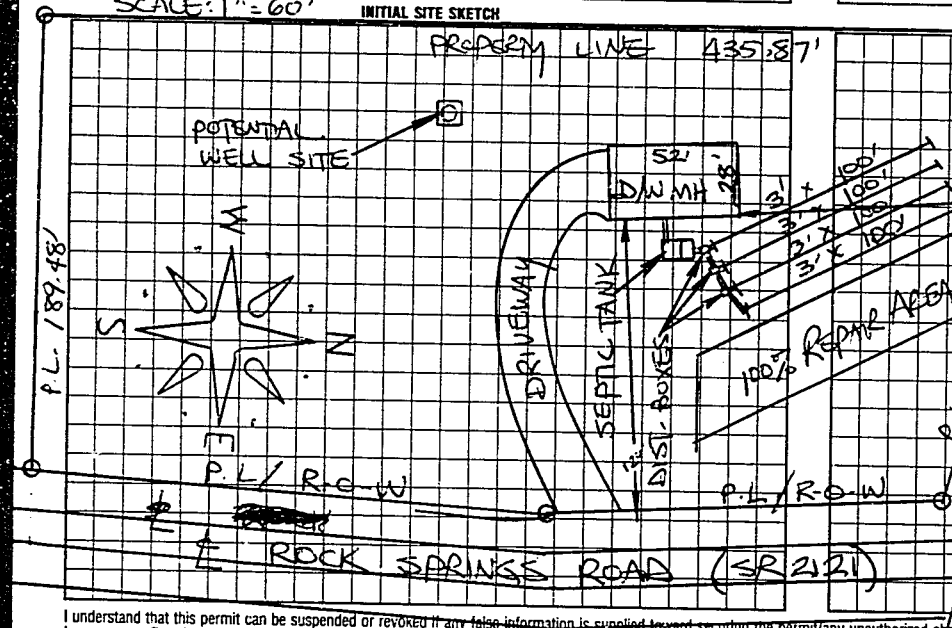
Water Supply:
☒ Individual
☐ Community
☐ Public
WELL

Comments: KEEP SYSTEM MINIMUM 100' FROM WELL

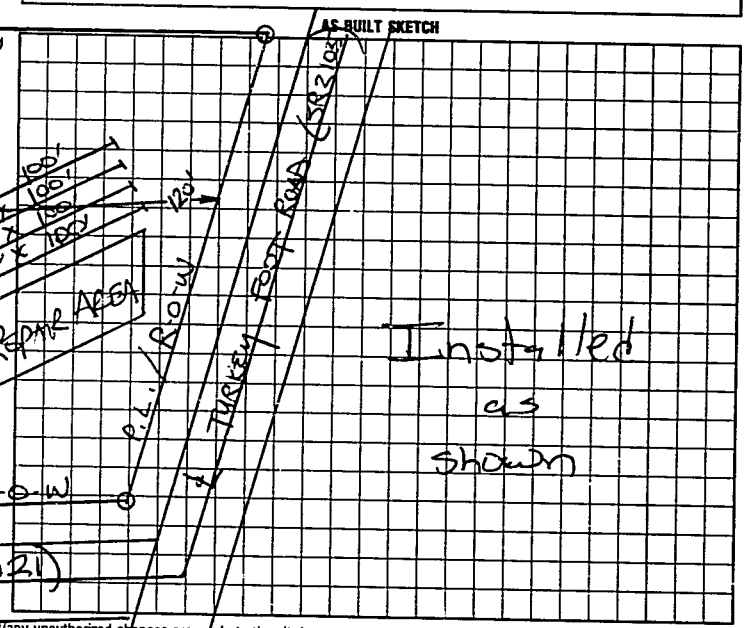
Comments:

SCALE: 1" = 60'

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

Signed: [signature]

Improvement Permit by: STEVE HEDRICK date 10-23-97

Auth. To Const./Existing System Inspection by: STEVE HEDRICK date 10-23-97

Installed by: Jackson Landscaping

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

Operation Permit by: [signature] RS date 12-19-97

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