IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 81238 PIN# 4716760350

OWNER OR CONTRACTOR Clyde HARMAN PHONE: Business _____ Home 878 6065 DATE May 19, 99

ADDRESS 2811 Meadowbrook Rd STATESVILLE, NC

LOCATION 115 N Scotts CRK on Left Apx 3 mile Across from MAILbox 854

SUBDIVISION _____ BLOCK / SECTION _____ LOT 3 LOT AREA ~5 Ac SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 13

Septic Tank: 1000 Gallons; STB 794 Date 5 99

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I ⓘ III IV V VI

System Description: Conv GRAVITY

Repair System Description: 25-50% Reduction / Pump

Maintenance Agreement Required: ☐ Yes ☒ No

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

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home SW No. Bathrooms 2

☐ Business No. Employees ___

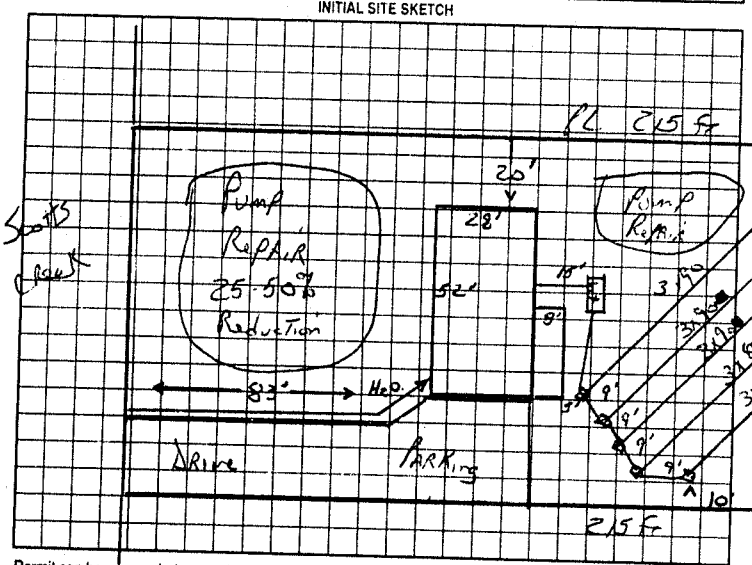
☐ Other _____

Water Supply: ☒ Individual ☐ Public ☒ Community WELL

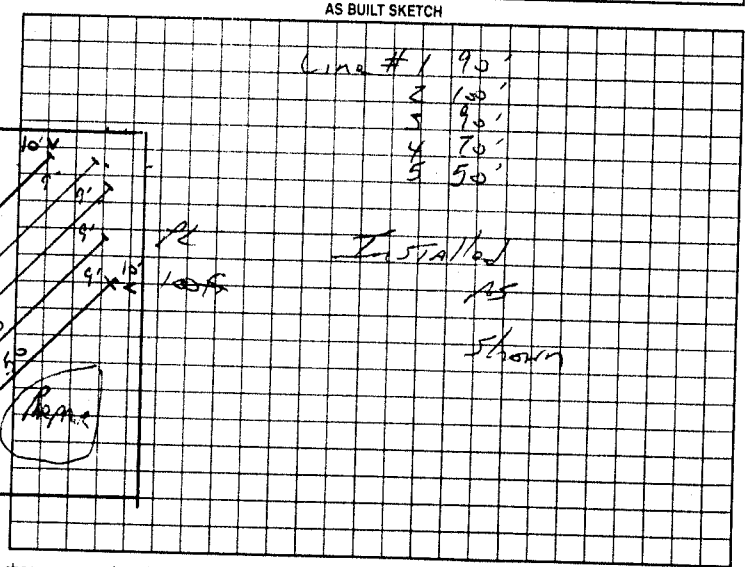
Comments/Conditions: INSTALL Lines on CONTOUR, MAINTAIN 10 Ft SetBack from PROPERTY Lines with All Septic Lines CALL 928-2030 Jo Potter if Any QUESTIONS

Comments/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH



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 with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed Clyde Harman

Improvement Permit by: Jo Potter date 5-19-99

Authorization to Construct by: Jo Potter date 5 19 99

Installed by: Jones Hudler

Operation Permit by: Jo Potter date 6-9-99

Existing System Inspection by: _____ date _____

HEALTH DEPT COPY: WHITE OWNER COPY (FINAL) YELLOW OWNER COPY (INITIAL) PINK