IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (C1) MOORESVILLE 704-664-5281

(C1) IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 105388 PIN# 4739-39-0895 DATE 4-29-02

OWNER OR CONTRACTOR NEIL & ELIZABETH HAYES PHONE Business % 704-546-2273 Home

ADDRESS c/o 239 KINDER RD, HARMONY NC 28634

LOCATION SNOW CREEK ROAD TO N. CHIPLEY FORD ROAD, ~ 1.5 MILE ON RIGHT, BACK OFF ROAD 1500'

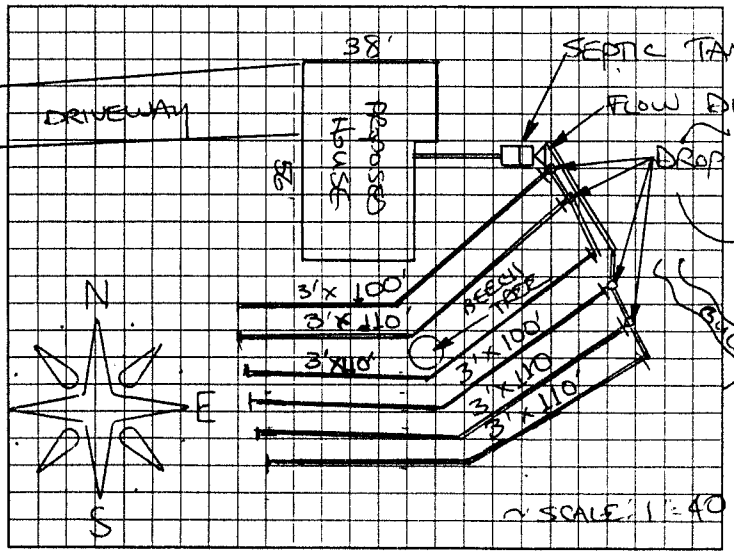
SUBDIVISION BLOCK / SECTION LOT LOT AREA 9.459 ACRES SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons: STB 1012 Date 6-15-02	✓ New System ☐ Repair System Type: I (II) III IV V VI	✓ House/Mod. Home No. Bedrooms 4	Water Supply: ☑ Individual
Pump Tank: Gallons: PT Date	System Description: CONVENTIONAL, GRAVITY	☐ Mobile Home No. Bathrooms 3	☐ Public
Pump Make: Model Serial No.	Repair System Description: CONV. GRAVITY, PUMP	☐ Business No. Employees	☐ Community
Nitrification Field: No Fields 1 Square Feet 1920 Linear Feet 640	Maintenance Agreement Required: ☐ Yes ✓ No	☐ Other	WELL
No Lines SIX Trench Width 36" Max Trench Bottom Depth 36 Gravel Depth 12"	☐ Slab ☐ Crawl Space ✓ Basement w/plumbing ☐ Basement wo/plumbing		

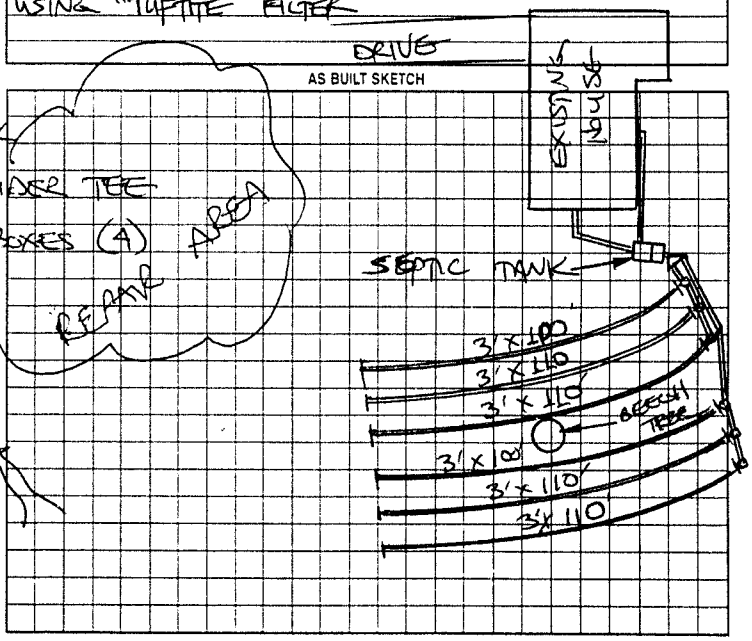
Comments/Conditions: KEEP SYSTEM MINIMUM 100 FEET FROM WELL

Comments/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "TUFTITE" FILTER

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: Kelly Anderson date 4-29-02 Installed by: TOMMY FRYE

Improvement Permit by: STEVE HEDRICK date 4-29-02 Operation Permit by: STEVE HEDRICK date 12-31-02

Authorization to Construct by: STEVE HEDRICK date 4-29-02 Existing System Inspection by: date

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