IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 84057 PIN# 4742 47 2986 PT DATE 10-6-99

OWNER OR CONTRACTOR Ronnie Harwell PHONE: Business _____ Home 873 5068

ADDRESS 627 South Mulberry St. Sta. N.C.

LOCATION 215 TL Moose Club TR Buck Creek TL Wintergreen TR Wintergreen Cr. on Rt.

SUBDIVISION Osborne Smith BLOCK / SECTION _____ LOT 5 LOT AREA 1.71 acres SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3 gal/ss/day

Septic Tank: 1000 Gallons: STB 1012 Date 7-13-00
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I ☑ II III IV V VI
System Description: Conv. Gravity
Repair System Description: Pump To Conv.
Maintenance Agreement Required: ☐ Yes ☑ No

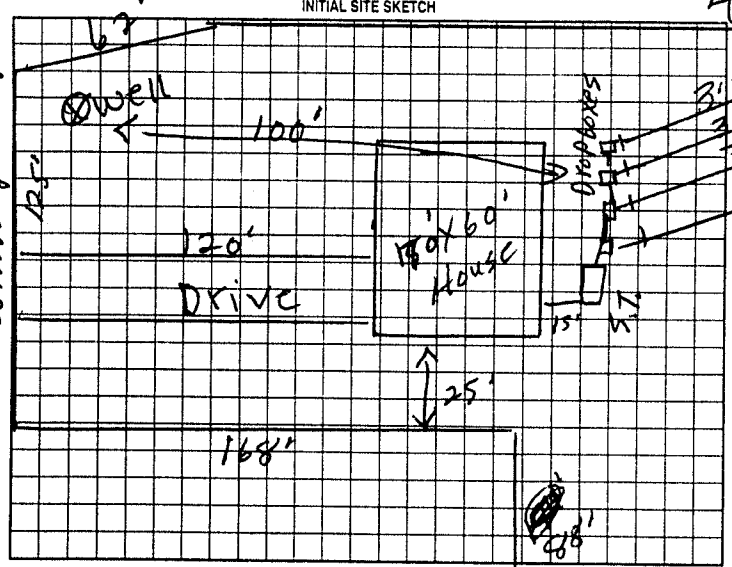
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2 1/2
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☑ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☐ Community

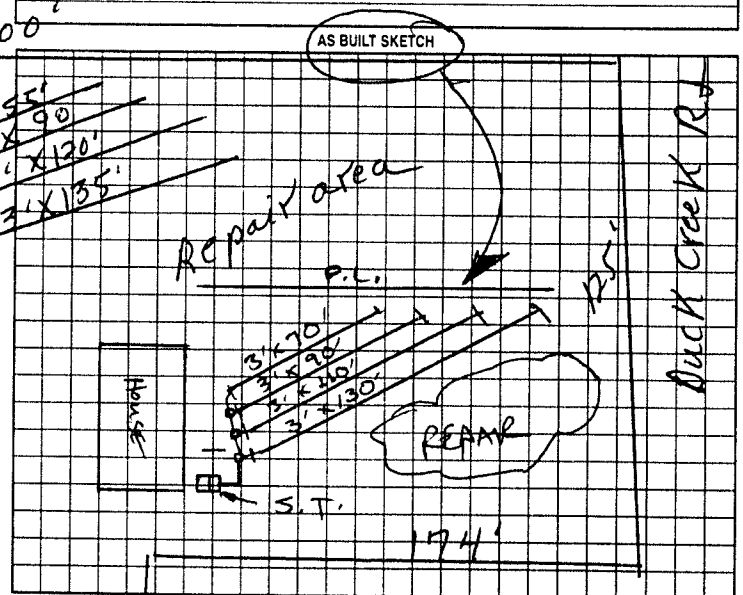
Comments/Conditions:

Comments/Conditions: SEPTIC TANK W/ RISERS INSTALLED USING "POLYLOK" 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: X. [signature] date _____ Installed by: BRENT GALLIHER

Improvement Permit by: P.C. Moore date 10-6-99 Operation Permit by: STEVE HEDRICK date 5-25-00

Authorization to Construct by: P.C. Moore date 10-6-99 Existing System Inspection by: _____ date _____

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