CI

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 079764 PIN# 4747549142 (pt.) DATE June 25, '99

OWNER OR CONTRACTOR Mike Gaither PHONE: Business 871-7295 Home

ADDRESS 300 Marshall Green Rd. Harmony N.C. 28634

LOCATION 21 N. TL Jennings Rd. TL White Farm Rd. TL Saddlewood Lane on Lft

SUBDIVISION Saddlewood BLOCK / SECTION LOT 5 LOT AREA 125'x~190' SITE CLASS PS DESIGN FLOW 360 gpd C.T.A.R. .03

Septic Tank: 1000 Gallons; STB 794 Date 8-28-01
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 5 @ 80' Trench Width 36" Max Trench Bottom Depth ~36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: GRAVITY CONVENTIONAL
Repair System Description: LP JUNCTIVE/Make Blue
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

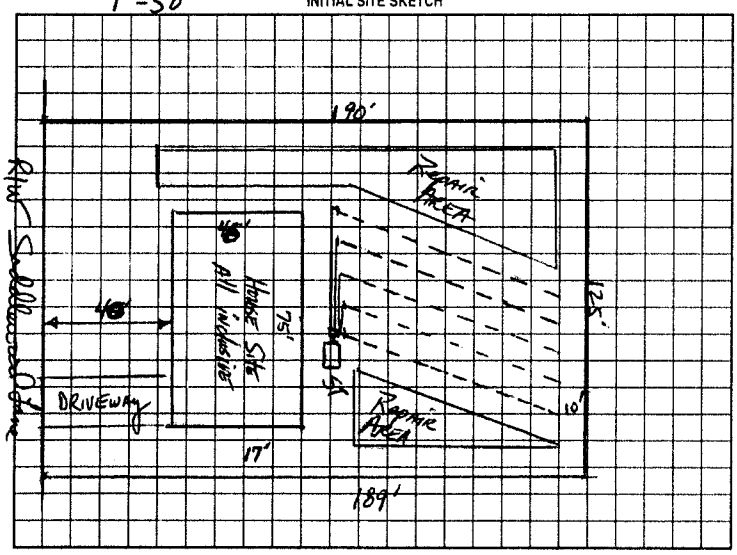
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other

Water Supply: ☐ Individual ☑ Public ☐ Community

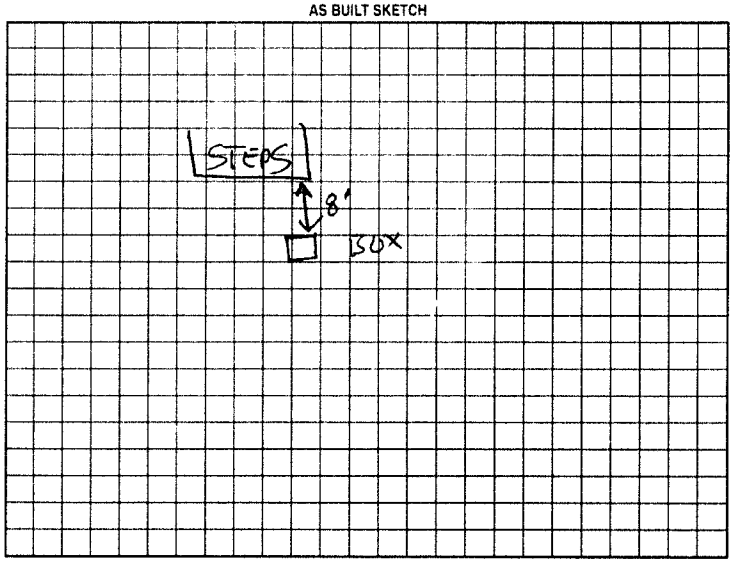
Comments/Conditions: Formerly Lot #7

Comments/Conditions: ZABEL FILTER SMART KIT
DIST BOX USED, FUTURE REPAIR MAY NEED DROP BOXES
BOX SET WITH SPEED LEVELERS 8' BEHIND STEPS AS SHOWN BELOW

1"=50' 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: Mike Gaither

Improvement Permit by: [signature] date 6-25-99

Authorization to Construct by: STEVE HEDRICK date 8-10-01

Installed by: CRAIG THOMPSON

Operation Permit by: [signature] date 12-7-01

Existing System Inspection by: date

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