IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 13458 PIN# ~~4751 70 3556 7000~~ 4751 70 4219 DATE 4/3/06

OWNER OR APPLICANT Walter J + Janice Harmon PHONE: Business _____ Home _____

ADDRESS 153 Wind Brook Dr. Troutman NC. 28166

LOCATION Catawba Trails TR Owencook Rd on (L) # 159

SUBDIVISION No BLOCK / SECTION _____ LOT _____ LOT AREA ~1 Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 8/12/05

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 3@100 Trench Width 3' Max Trench Bottom Depth 3' Gravel Depth No ☐ Gravity ☐ Pressure

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

System Description: Dist Box - 25% Reduced

Repair System Description: Sonny

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

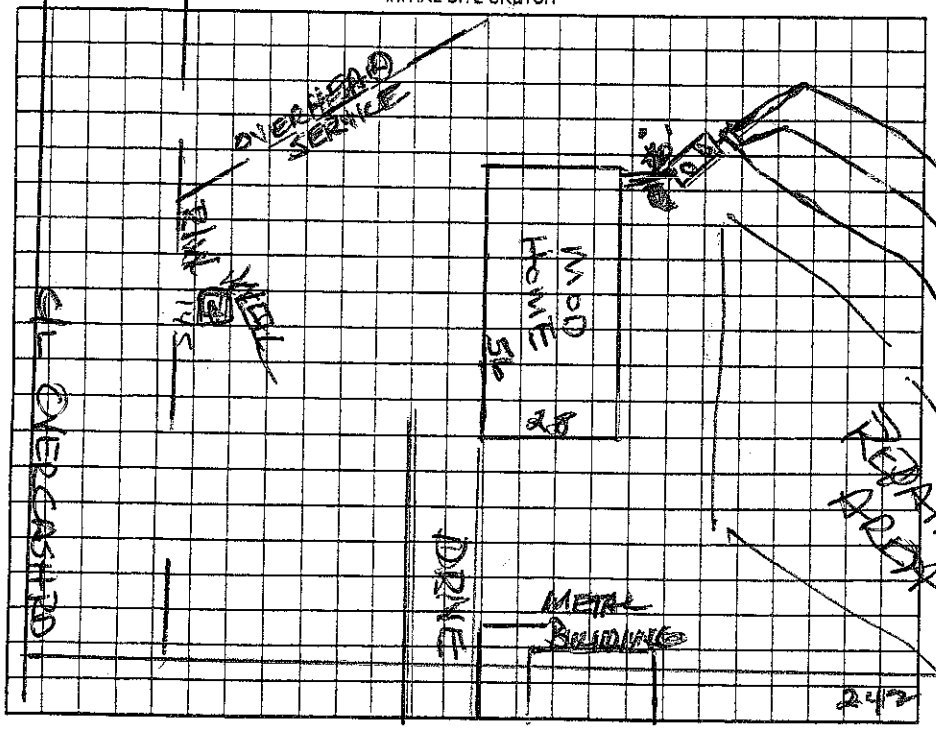
Water Supply: ☐ Individual ☒ Public ☐ Community

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

Comments:/Conditions:

(1" = 40')

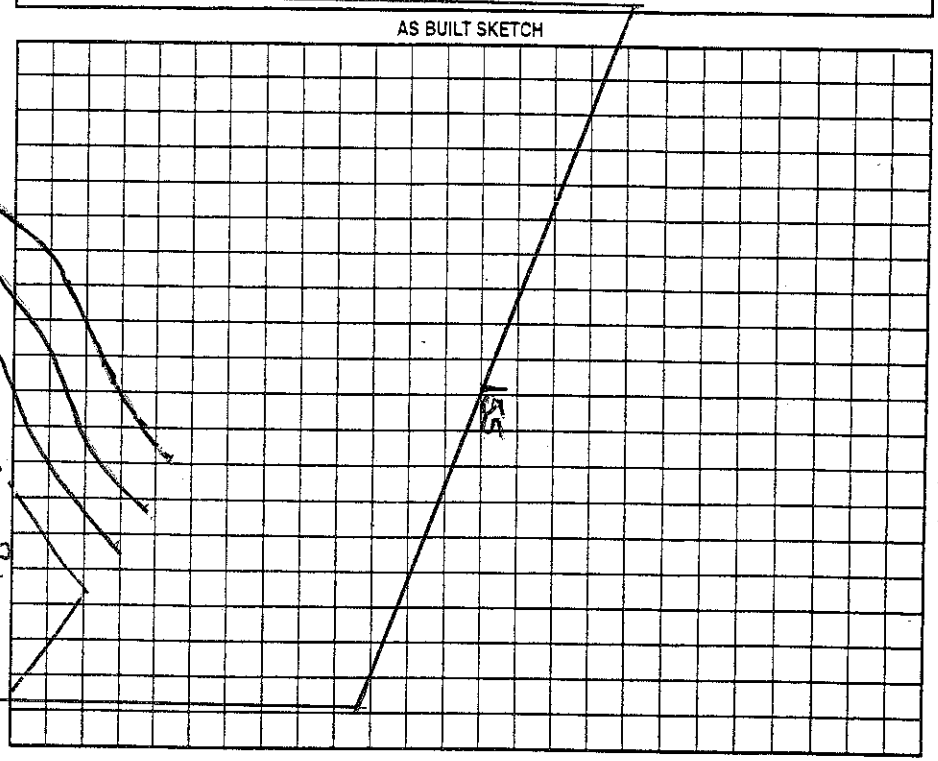
INITIAL SITE SKETCH



Comments:/Conditions:

300'

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 _____ date 4/7/06

Improvement Permit by: Wesley Sparks RS. date 4/3/06

Authorization to Construct by: Wesley Sparks RS. date 4/3/06

Installed by: A-1 Backhoe

Operation Permit by: Wesley Sparks RS. date 4/13/06

Existing System Inspection by: _____ date _____

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