IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 106210 PIN# 4757-54-2311 DATE 9-3-03

OWNER OR CONTRACTOR JAMES M HARMON PHONE: Business 704-509-1977 EXT 2341 Home 704-878-6954

ADDRESS 176 VILLAGE DR STATESVILLE, NC 28677

LOCATION 21 NORTH @ COUNTRYVIEW 2ND LOT ON RT PAST WHITE HOUSE

SUBDIVISION MEADE BLOCK / SECTION ____ LOT 6-9 LOT AREA ____ SITE CLASS. ____ DESIGN FLOW 360 L.T.A.R. EXISTING 6.6

EXISTING

Septic Tank: 1000 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 750 Linear Feet 250

No Lines 2 Trench Width / Max Trench Bottom Depth / Gravel Depth 16"

☐ New System ☐ Repair System Type: I, (II), III, IV, V, VI

System Description: CON GRAV

Repair System Description: NO REPAIR

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

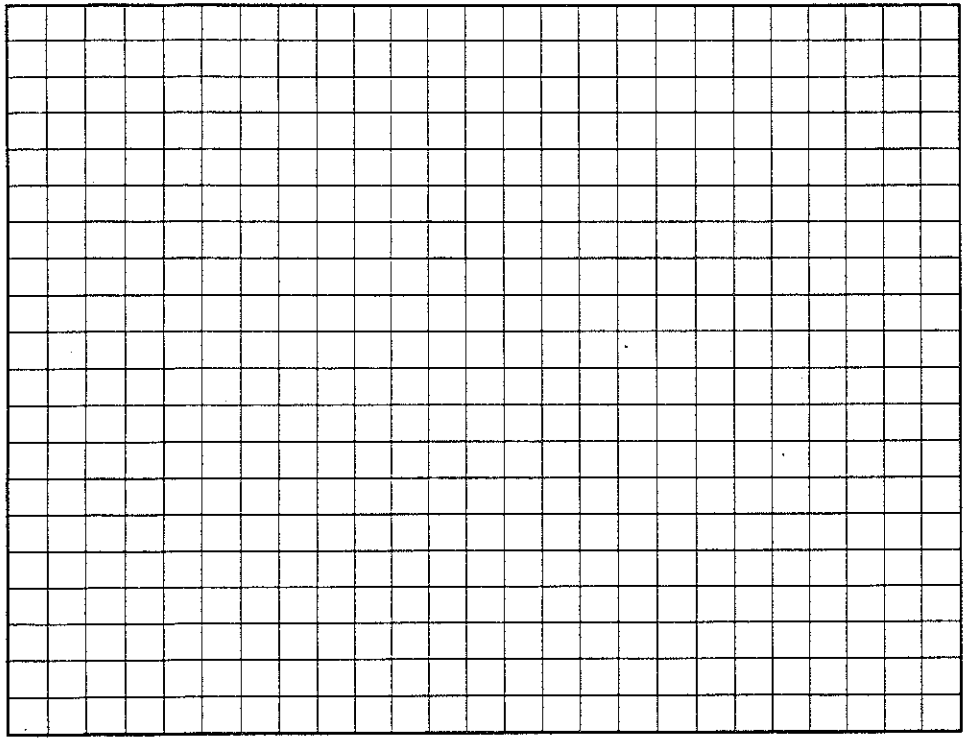
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

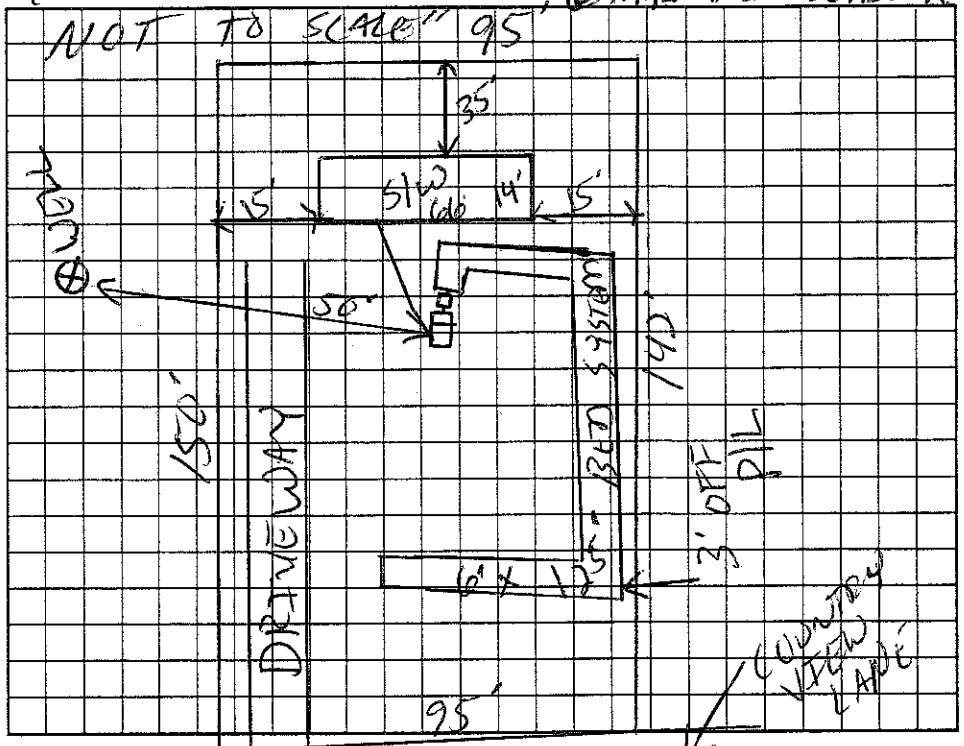
Comments:/Conditions: (1) MAINTAIN SETBACK (2) LOT WAS DEEDED PRIOR TO 1977 SO NO REPAIR AREA NEEDED (3) LOT NEEDS LANDSCAPED SO SURFACE WATER WILL NOT POND UP ON THE LOT.

Comments:/Conditions: (4) NEIGHBOR GRANTED EASEMENT SINCE DRAINLINES ENCROACHES TO CLOSE TO THE P/L; (5) ALL PRIOR DENIAL LETTERS ARE VOID. PROVED SYSTEM WAS NOT DAMAGED; (6) MAINTAIN SETBACKS.

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: James M Harmon date 9-4-03

Improvement Permit by: ____ date ____

Authorization to Construct by: ____ date ____

Installed by: ____

Operation Permit by: ____ date ____

Existing System Inspection by: [signature] date 9-3-03

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