IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 075544 PIN# 4769 74 1505 (PT) DATE 8-7-98

OWNER OR CONTRACTOR PAUL HARMON PHONE: Business Home 546-2210

ADDRESS 1618 FRIENDSHIP ROAD, STATESVILLE, NC 28625

LOCATION US 21 N, TL TABOR RD, TL TABOR INN LANE, 1 3RD MH LOT ON RIGHT

SUBDIVISION TABOR INN MHP BLOCK / SECTION ____ LOT 11 LOT AREA LIMITED SITE CLASS PS DESIGN FLOW 240 L.T.A.R. EXISTING

Septic Tank: EXISTING Gallons; STB ____ Date ____
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields ____ Square Feet ____ Linear Feet EXISTING
No Lines ____ Trench Width ____ Max Trench Bottom Depth ____ Gravel Depth ____

☐ New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: CONV. GRAVITY
Repair System Description: ____
Maintenance Agreement Required: ☐ Yes ☒ No
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☒ House/Mod. Home No. Bedrooms 2
☒ Mobile Home No. Bathrooms 1
☐ Business No. Employees ____
☐ Other ____

Water Supply: ☐ Individual ☒ Public ☒ Community

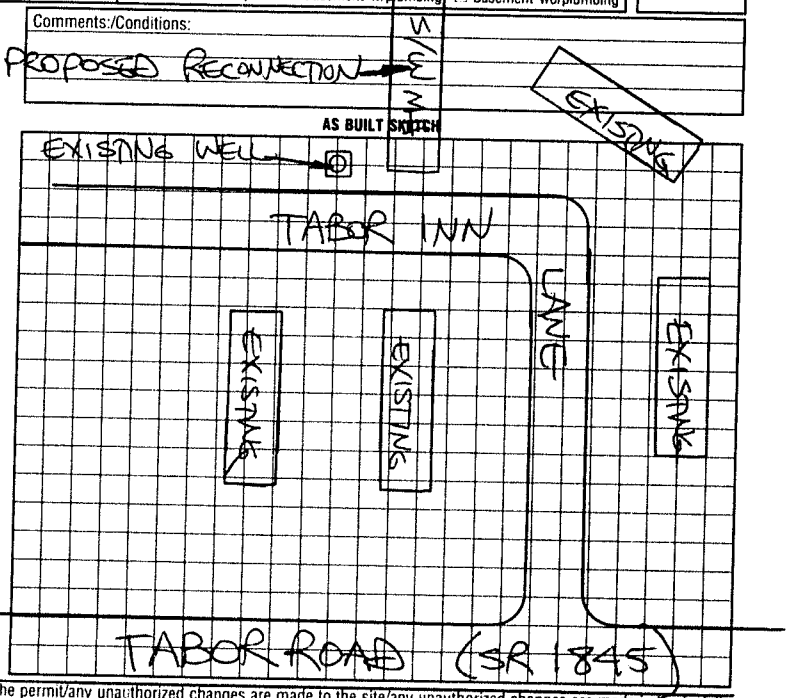
Comments:/Conditions:

Comments:/Conditions:
PROPOSED RECONNECTION

INITIAL SITE SKETCH

COMMENTS: MOBILE HOME PARK SEPTIC SYSTEMS APPEAR TO BE PRODUCING FUNCTIONING AT THIS TIME HOWEVER THEY ARE IN NEED OF BASIC MAINTENANCE SUCH AS MOWING & PUMPING-OUT, AND WATER CONSERVATION. NO FURTHER CONNECTIONS ARE TO BE ALLOWED IN THIS PARK.

AS BUILT SKETCH



I understand that this 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: ____ date ____ Installed by: ____

Improvement Permit by: ____ date ____ Operation Permit by: ____ date ____

Authorization to Construct by: ____ date ____ Existing System Inspection by: STEVE HEDRICK date 8-7-98

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