IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 129461 PIN# 4778066950 DATE 8/2/05

OWNER OR CONTRACTOR JOSEPH L STEELE PHONE: Business 704 546 2602 Home 704 546 5055

ADDRESS 212 HARMONY BLEND DR HARMONY, NC 28634

LOCATION 21N @ CHIEF THOMAS RD @ HARMONY BLEND DR @ LOT 199 HARMONY BLEND DR

SUBDIVISION EASTERN ACRES BLOCK / SECTION ____ LOT 23 LOT AREA 1.17 ACRES SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 5-18-05
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400 (30)
No Lines 4 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

☒ New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: GRAVITY CONVENTIONAL
Repair System Description: PUMP CONV/25% RED
Maintenance Agreement Required: ☐ Yes ☒ No

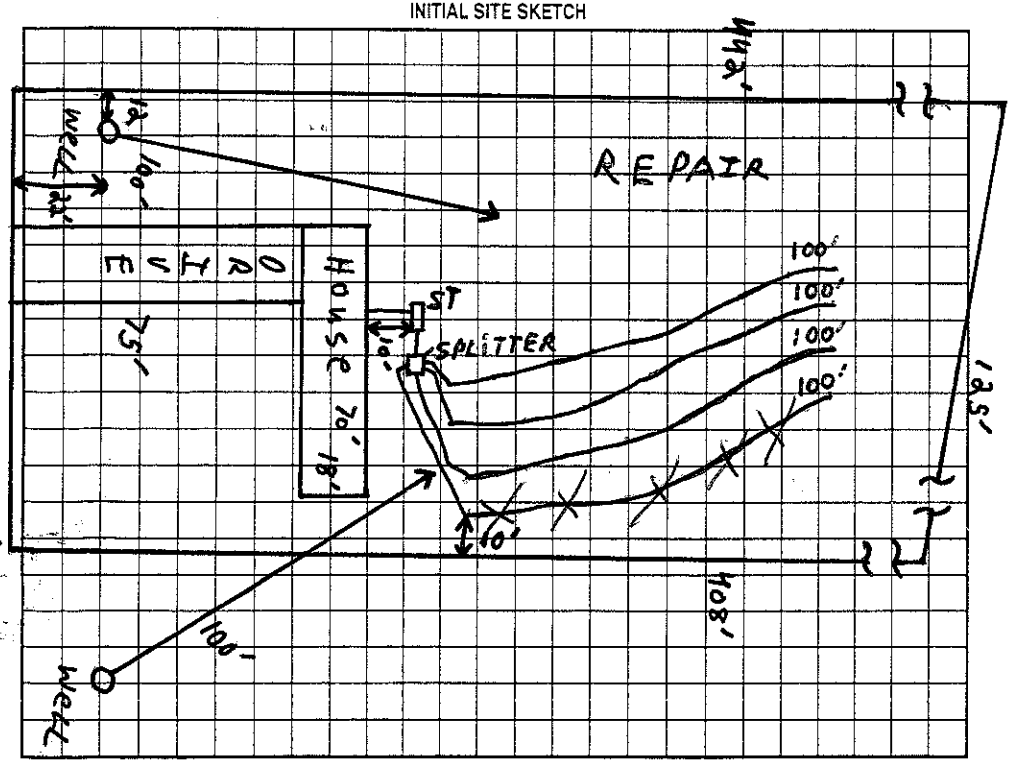
☐ House/Mod. Home No. Bedrooms 3
☒ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: INSTALL ON CONTOUR. MAINTAIN SETBACKS. USE EFFLUENT SPLITTER SUCH AS ZOELLER TRU-FLO. OTHER ACCEPTED SYSTEM MAY BE SUBSTITUTED.

Comments/Conditions: YELLOW SUFFOLK SITE FILTER. SEPTIC TANK MAKE MOBILE

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: Ginger Steele date ____ Installed by: A-1 Backhoe

Improvement Permit by: [signature] date 8/2/05 Operation Permit by: [signature] date 10-4-05

Authorization to Construct by: [signature] date 8/2/05 Existing System Inspection by: ____ date ____

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