IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 079322 PIN# 4778 08 3234 DATE 2-17-99

OWNER OR CONTRACTOR ROY WHITE PHONE: Business Home 546-2808

ADDRESS 115 CHADWICK ROAD, HARMONY, NC 28634

LOCATION US 21 NORTH, TR CHIEF THOMAS RD, TR CHADWICK ROAD, 2ND DRIVE ON LEFT

SUBDIVISION BLOCK / SECTION LOT LOT AREA 20.07 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 620 Date 1-12-99
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines FIVE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

✓ New System Repair System Type: I II III IV V VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: CONV. GRAVITY
Maintenance Agreement Required: Yes ✓ No
Slab ✓ Crawl Space Basement w/plumbing Basement w/o plumbing

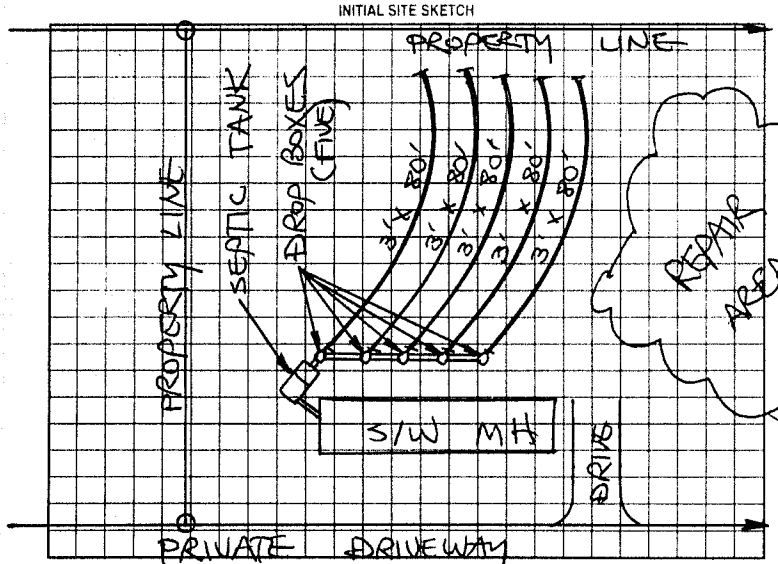
✓ House/Mod. Home No. Bedrooms 3
✓ Mobile Home No. Bathrooms 1
Business No. Employees
Other

Water Supply: ✓ Individual ☐ Public ☐ Community
WELL NEXT DOOR

Comments/Conditions: KEEP SYSTEM MINIMUM 100 FROM WELL

Comments/Conditions: SEPTIC TANK W/ RISERS INSTALLED WITH "POLYLOK" FILTER

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE 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: Roy White date 2-17-99 Installed by: SAMMY REAVIS

Improvement Permit by: STEVE HEDRICK date 2-17-99 Operation Permit by: STEVE HEDRICK date 3-18-99

Authorization to Construct by: STEVE HEDRICK date 2-17-99 Existing System Inspection by: date

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