IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 080329 PIN# 4778 17 5548 DATE 4-8-99

OWNER OR CONTRACTOR JAVIER ROMERO PHONE: Business (336) 751-1541 Home

ADDRESS 153 BLAZE CHURCH ROAD, MOCKSVILLE NC 27028

LOCATION US 21 N, TR CHIEF THOMAS, TR HARMONY BLEND, SIXTH LOT ON RIGHT

SUBDIVISION EASTERN ACRES BLOCK / SECTION ____ LOT 6 LOT AREA 1.06 ACRES SITE CLASS P3 DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons: STB 760 Date 11-29-98

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines FOUR 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: CONVENTIONAL PUMP

Maintenance Agreement Required: ☐ Yes ☑ No

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

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

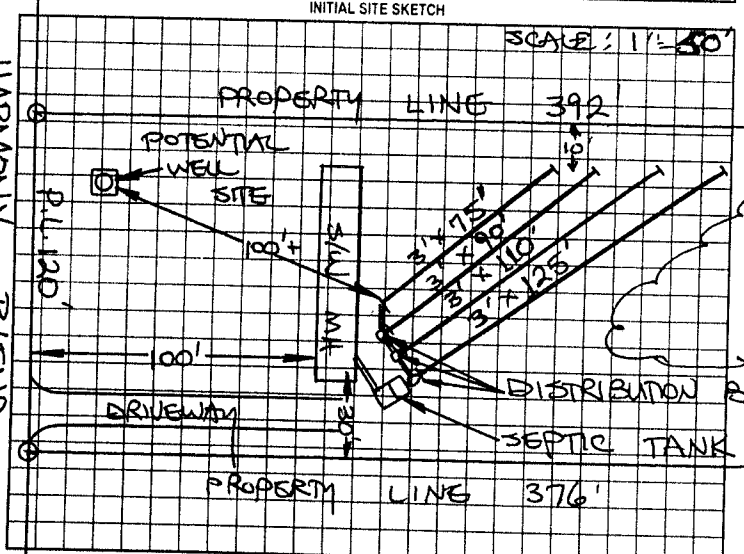
☐ Other ____

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

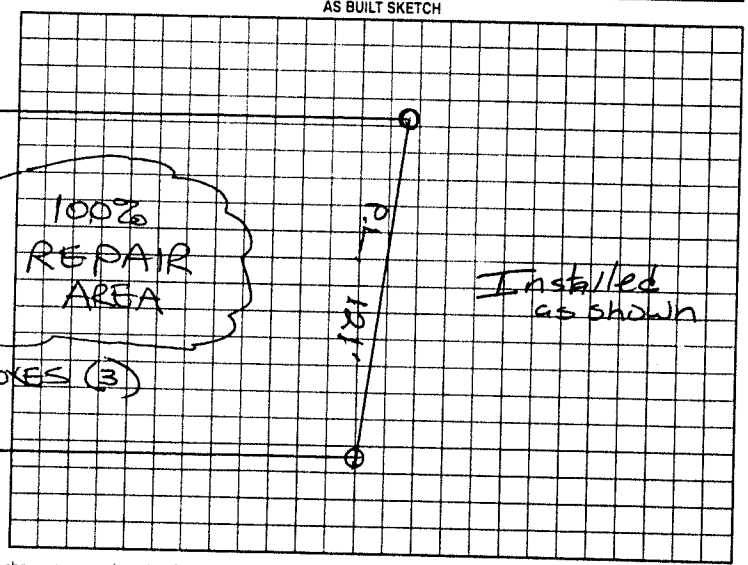
Comments/Conditions: KEEP SYSTEM MINIMUM 100 FEET FROM WELL

Comments/Conditions

INITIAL SITE SKETCH



AS BUILT SKETCH



HARMONY BLEND

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 4-8-99

Improvement Permit by: STEVE HEDRICK date 4-8-99

Authorization to Construct by: STEVE HEDRICK date 4-8-99

Installed by: D. L. Whitaker

Operation Permit by: May C.O.S. IRS date ~~4-8-99~~

Existing System Inspection by: ____ date 4-14-99

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