IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# _____ PIN# _____ DATE 11-5-01

OWNER OR CONTRACTOR TITUS PEACHEY PHONE: Business _____ Home 704-546-7792

ADDRESS 285 ~~RECORDED~~ CHIEF THOMAS RD ~~SUBDIVISION~~ HARMONY NC 28634

LOCATION HWY 21 N (R) CHIEF THOMAS (L) AT BOX # 285 (CARDINAL MAILBOX) 2STORY WHITE HOUSE

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: EXISTING Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 4x100' Trench Width 36" Max Trench Bottom Depth 36"

☐ New System ☒ Repair System Type: I, II, IV, V, VI

System Description: GRAY CONY

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth 12"

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

No. Bedrooms ____ No. Bathrooms ____ No. Employees ____

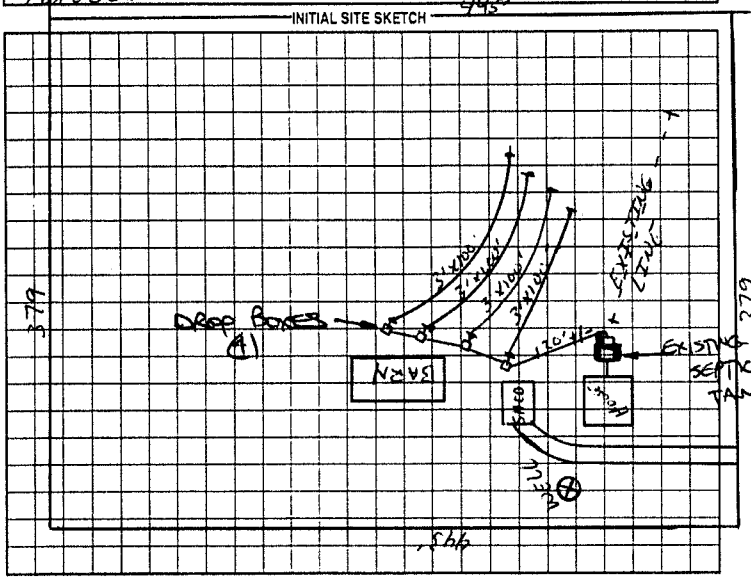
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community WELL

Comments/Conditions: (1) THIS PERMIT SERVES AS NOTICE OF VIOLATION & MUST BE REPAIRED WITHIN 30 DAYS (2) INSTALL NEW SANITARY TEE IF NECESSARY (3) SYSTEM IS FLAGGED OUT

Comments/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM REPAIRED 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: Susan Ann Peachey date _____

Improvement Permit by: _____ RS date 11-5-01

Authorization to Construct by: _____ RS date 11-5-01

Installed by: TOMMY NIXON

Operation Permit by: STEVE HEDRICK date 11-15-01

Existing System Inspection by: _____ date _____

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