IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 116287 PIN# ~~4779-48-9224-5384~~ 4779.48.9108 DATE 10-24-03

OWNER OR CONTRACTOR JOHN OSBORNE PHONE: Business _____ Home 704-546-2179

ADDRESS 187 MT. BETHEL RD HARMONY, NC 28634

LOCATION 21 NORTH, (R) MT. BETHEL ≈ 150 YARDS ON LEFT (TWO LONG FENCE), TURN LEFT 50 YARDS ON RT

SUBDIVISION _____ BLOCK / SECTION _____ LOT 67 LOT AREA 5.11 AC SITE CLASS. _____ 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 EXISTING Linear Feet _____
No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

☐ New System ☐ Repair System Type: I, (II), III, IV, V, VI
System Description: CONV GRAV
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ☒ No

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

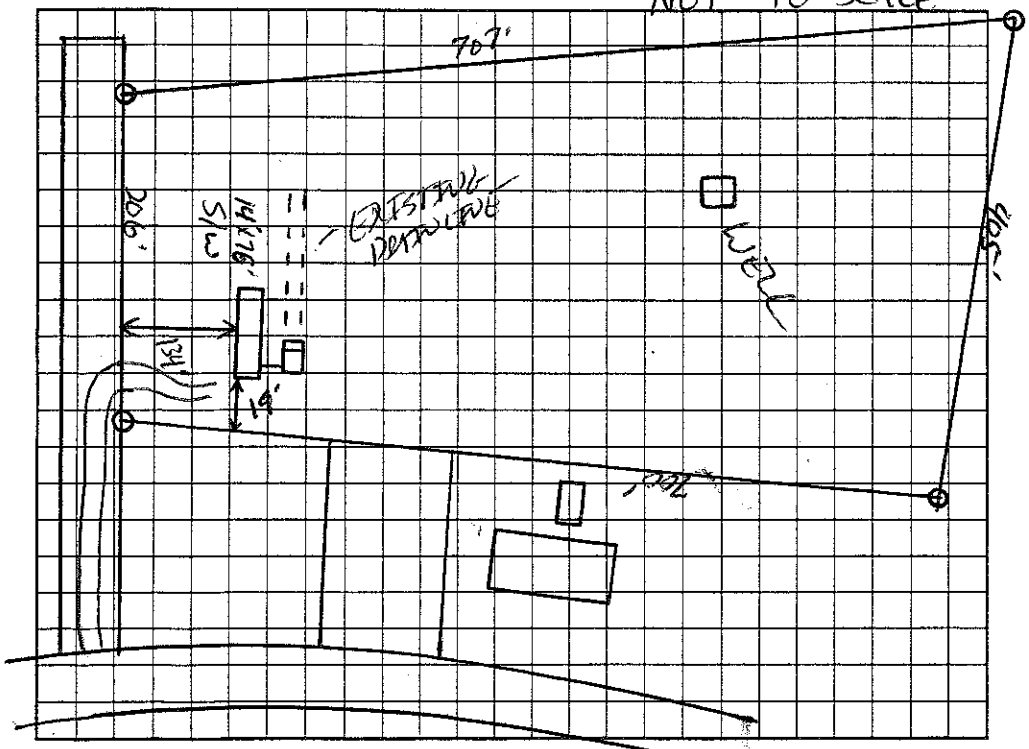
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☒ Public
☐ Community

Comments:/Conditions: (1) NO SIGNS OF FAILURE AT TIME OF CHECK (2) MAINTAIN SETBACKS (3) LINES & TANK IS TO DEEP TO PROBE.

Comments:/Conditions:

INITIAL SITE SKETCH "NOT TO SCALE"



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: Eula Mae Osborne date 10-24-03 Installed by: _____

Improvement Permit by: _____ date _____ Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: _____ date 10-24-03

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