IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 134615 PIN# 4779-75-4777 (24) 664855 DATE 4-6-06

OWNER OR CONTRACTOR LORRAINE MAYERS PHONE: Business Home 704-546-2943

ADDRESS 457 SHAW ROAD HARMONY NC 28634

LOCATION US 21 NORTH, TR BETHEL ROAD TL SHAW ROAD 0.1 MILE ON RIGHT

SUBDIVISION BLOCK / SECTION LOT LOT AREA 0.756 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.35 GPD/FT²

Septic Tank: 1000 Gallons; STB 554 Date 3-9-06
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet REQ. 1030 Linear Feet 260
No Lines THREE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: 25% REDUCTION, GRAVITY
Repair System Description: 25% REDUCTION, PUMP
Maintenance Agreement Required: ☐ Yes ☑ No

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

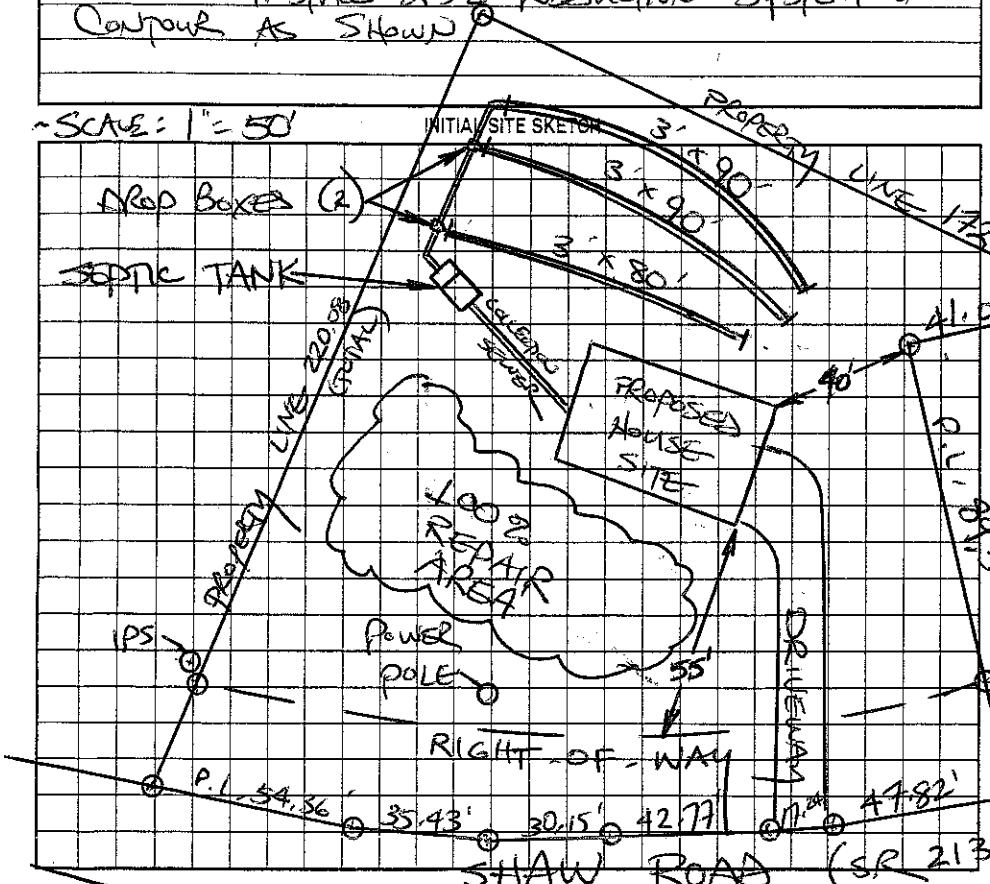
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions: INSTALL 25% REDUCTION SYSTEM ON CONTOUR AS SHOWN

Comments:/Conditions: Blank Zoeller Jetter Septic Tank Marker

SCALE: 1" = 50'

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: Lorraine Mayers date 4-6-06 Installed by: Steve Rowe / Foothills Trench

Improvement Permit by: STEVE HEDRICK date 4-6-06 Operation Permit by: [signature] date 4-13-06

Authorization to Construct by: STEVE HEDRICK date 4-6-06 Existing System Inspection by: date

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