IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 100580 PIN# 4779 90 5590 DATE 5-24-01

OWNER OR CONTRACTOR PATRICIA CARTNER PHONE: Business (704) 876-4477 Home (704) 546-3088

ADDRESS 212 STINE RD, HARMONY NC 28634

LOCATION US 21 N, TR BETHEL RD, TL RIMROCK RD, TR STINE RD, 0.5 MILE ON RIGHT AT #212

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 0.92 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.336 AR/ft² (EXIST)

Septic Tank: EXISTING Gallons: STB _____ Date _____
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No. Fields 1 Square Feet 360 Linear Feet 120
No. Lines ONE 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 wo/plumbing

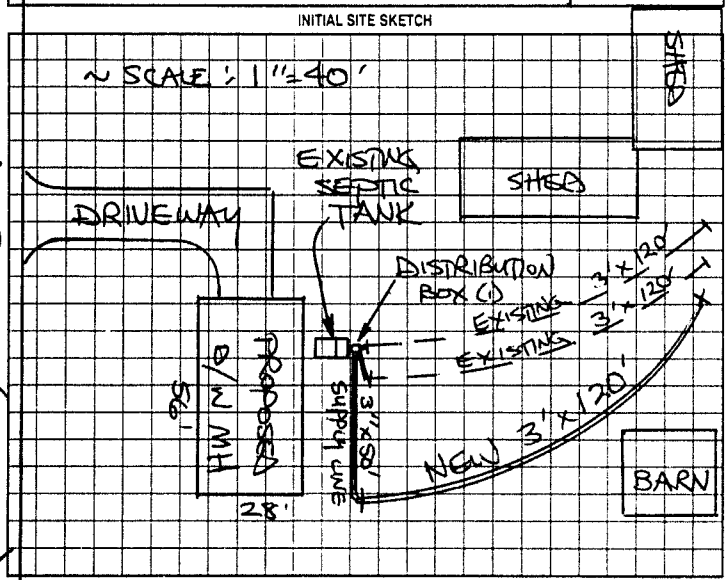
☐ House/Mod. Home No. Bedrooms 3
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

Water Supply:
~~☑~~ Individual
☐ Public
☐ Community
WELL NEED DOOR

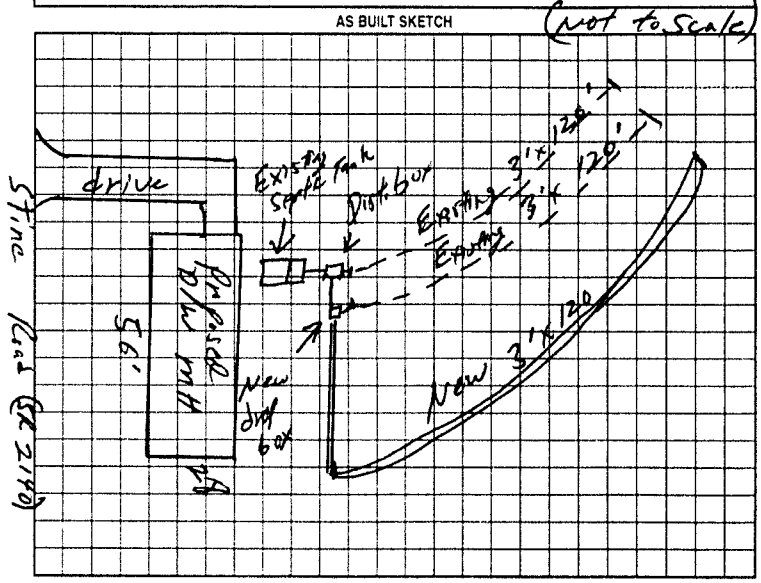
Comments/Conditions: INSTALL NEW 3' x 120' DRAINLINE ON CONTOUR AS SHOWN, REPLACE EXISTING DISTRIBUTION BOX IF NECESSARY

Comments/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH (NOT to Scale)



STINE ROAD (SR 2140)

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: Patricia M. Cartner date 5/25/01 Installed by: Craig Thompson

Improvement Permit by: STEVE HEDRICK date 5-25-01 Operation Permit by: William Johnson date 6/25/01

Authorization to Construct by: STEVE HEDRICK date 5-25-01 Existing System Inspection by: _____ date _____

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