IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# REPAIR PIN# 4779-90-6393 DATE 1-9-03

OWNER OR CONTRACTOR JOHN WILLIAM CULLEN PHONE: Business 704-873-2181 Home 704-546-2730

ADDRESS 220 STINE ROAD, HARMONY, NC 28634

LOCATION US 21 N, TR BETHEL RD, TL RIMROCK ROAD TR STINE ROAD, ON (R) AT END

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.07 ACRE SITE CLASS. PS DESIGN FLOW 360' L.T.A.R. EXISTING

2X

Septic Tank EXISTING Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 2 Square Feet 810 Linear Feet 270

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: CONV, GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 1.5

☐ Business No. Employees ____

☐ Other _____

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

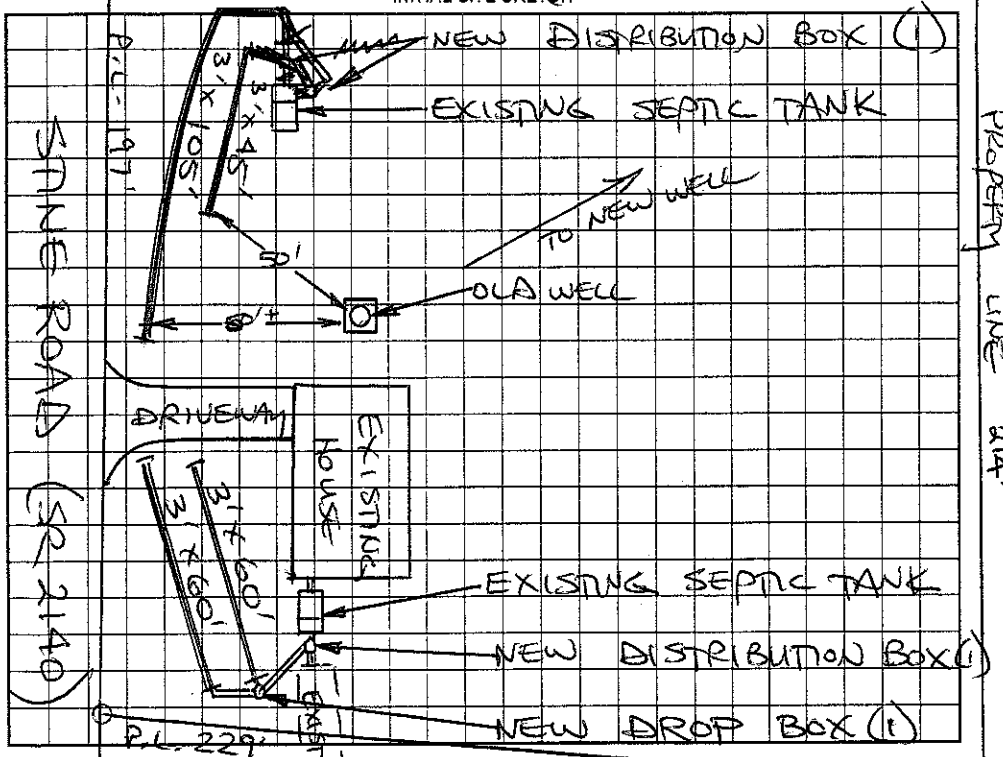
Water Supply: ☑ Individual ☐ Public ☐ Community

WELL

Comments:/Conditions:

PROPERTY LINE 227'

INITIAL SITE SKETCH



Comments:/Conditions:

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: John W Cullen date 1-9-03 Installed by: SAMMY REAVIS

Improvement Permit by: STEVE HEDRICK date 1-9-03 Operation Permit by: STEVE HEDRICK date 2-3-03

Authorization to Construct by: STEVE HEDRICK date 1-9-03 Existing System Inspection by: _____ date _____

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