IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 092460 PIN# 4779 95 4317 (PT) DATE 10-24-00

OWNER OR CONTRACTOR PENNY MILLER PHONE: Business 872-9872 Home 876-2920

ADDRESS P.O. Box 206, HARMONY, NC 28634

LOCATION US 21 N, TR BETHEL RD, TL SHAW RD, TR BUNNY LANE, 2ND LOT ON LEFT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.09 ACRES SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.40 GPD/FT²

Septic Tank: 1000 Gallons; STB 786 Date 6-15-00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields _____ Square Feet 1200 Linear Feet 400'
No Lines FIVE 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: 25% REDUCTION PUMP
Maintenance Agreement Required: ☐ Yes ☑ No

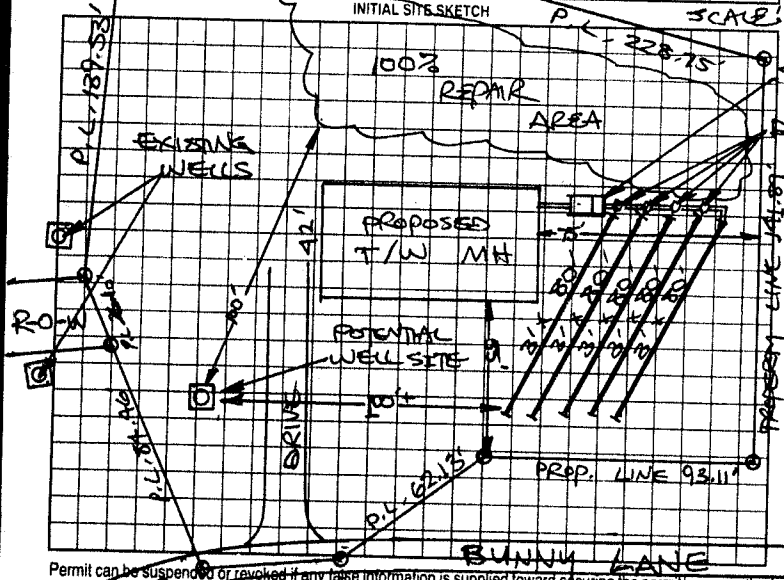
☐ House/Mod. Home No. Bedrooms 4
☑ Mobile Home No. Bathrooms 3
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

Comments/Conditions: ① No CUTTING OR FILLING OF SOIL IN AREA OF SEPTIC SYSTEM OR REPAIR AREA. ② KEEP SYSTEM MINIMUM 100 FEET FROM WELL

Comments/Conditions

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as shown

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: Anthony Miller date 10-26-00

Improvement Permit by: STEVE HEDRICK date 10-24-00

Authorization to Construct by: STEVE HEDRICK date 10-24-00

Installed by: Kanupp Grading

Operation Permit by: MJ Cox REHS date 11-28-00

Existing System Inspection by: _____ date _____

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