IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 130355 PIN# 4789 ~~-11-4168~~ 056812 DATE 8/23/05

OWNER OR CONTRACTOR BOBBY ANDERSON PHONE: Business 704 902 7421 Home 704 546 2473

ADDRESS 239 KINDER RD HARMONY, NC 28634

LOCATION 21 N ® MT BETHEL RD (L) SHAW RD (R) KINDER RD (L) Lot 144 KINDER RD

SUBDIVISION NA BLOCK / SECTION ____ LOT ____ LOT AREA 2.26 ACRES SITE CLASS. PS DESIGN FLOW 360 GPD L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 9-21-05
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 3 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth NA

☒ New System ☐ Repair System Type: I, (II) III, IV, V, VI
System Description: GRAVITY 25% REDUCTION
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☒ No

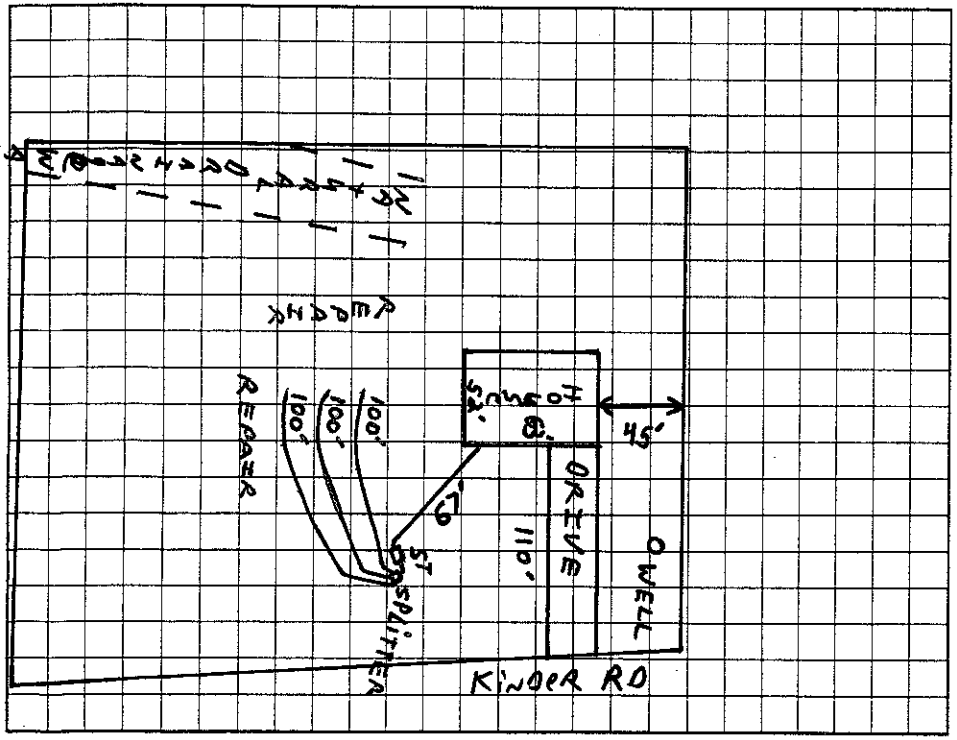
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

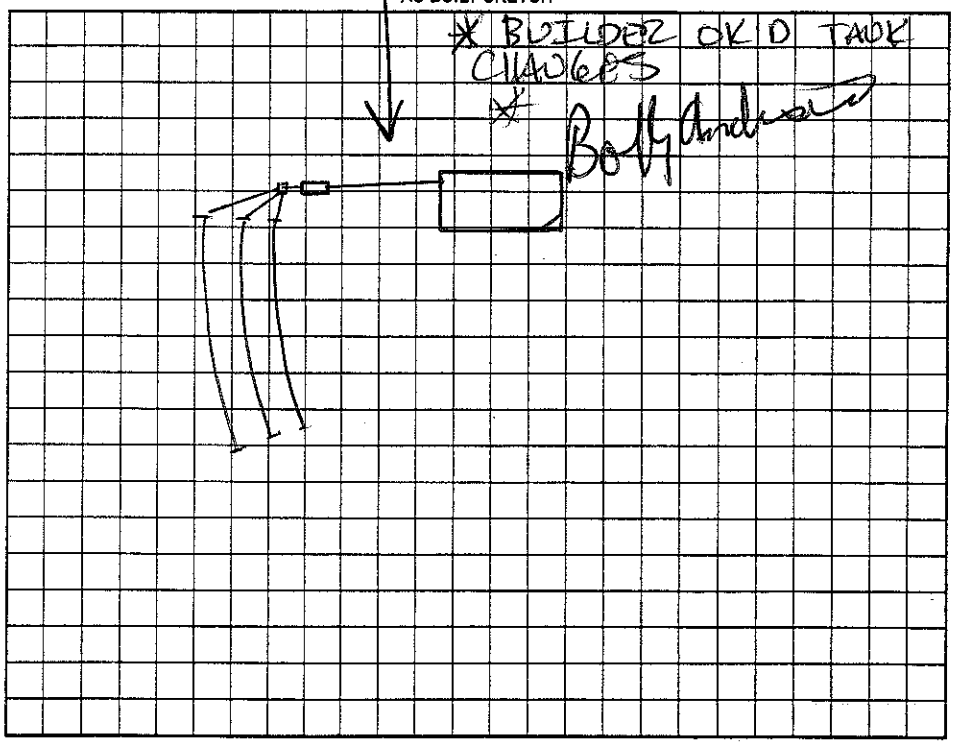
Comments/Conditions: INSTALL ON CONTOUR. IF GRADING IS DONE IN SEPTIC AREA, NO MORE THAN 12" MAY BE REMOVED FROM NATURAL GRADE. USE EFFLUENT SPLITTER SUCH AS ZOELLER TRU-FLO. @ SCALE 1" = 100'

Comments/Conditions: TUFFTITE Filter & RISERS
ZOELLER TRU FLOW SPLITTER USED
INSTALLED AS DRAWN

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: Bobby Anderson date 8-30-05 Installed by: Tommy Dove

Improvement Permit by: [signature] date 8/23/05 Operation Permit by: [signature] date 1-12-06

Authorization to Construct by: [signature] date 8/23/05 Existing System Inspection by: ____ date ____

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