IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 15620 18 PIN # 4789 13 0383 DATE 8-10-09

OWNER or APPLICANT Claude & Barbara Rush PHONE: Business Home: 704-546-2173

OWNER or APPLICANT ADDRESS 179 Shaw RD Harmony NC 28634.

LOCATION / DIRECTIONS 21 N to Mt Bethel to Shaw Road on right (159 Shaw Road)

SUBDIVISION ~~Rimrock~~ Rim Rock Estates BLOCK / SECTION LOT # 9 LOT AREA .723 DESIGN FLOW 480 L.T.A.R. .33 (EVAL)

Septic Tank 1000 (east) Gallons: STB 1000 (east) Date 10-8-97 (EVAL) ☐ ~~New System~~ ☐ Repair ☐ Expansion System Type I II IV V VI

Pump Tank ____ Gallons: PT ____ Date ____ System Description Conventional Gravity

Pump Make ____ Model ____ Serial # ____ Repair System Description: 35% Gravity

Nitrification Field No Fields 1 No Lines 4 Linear Feet 480 (EVAL) Maintenance Agreement Required ☐ YES ☐ NO

Trench Width 36" Max. Trench Bottom Depth 36" (EVAL) Gravel Depth 12" (EVAL) ☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 4 Water Supply

☐ Business No. Persons ____ ☐ Private

☐ Other No. Employees ____ ☑ Public

☐ Slab ☑ Crawl Space ☐ Community

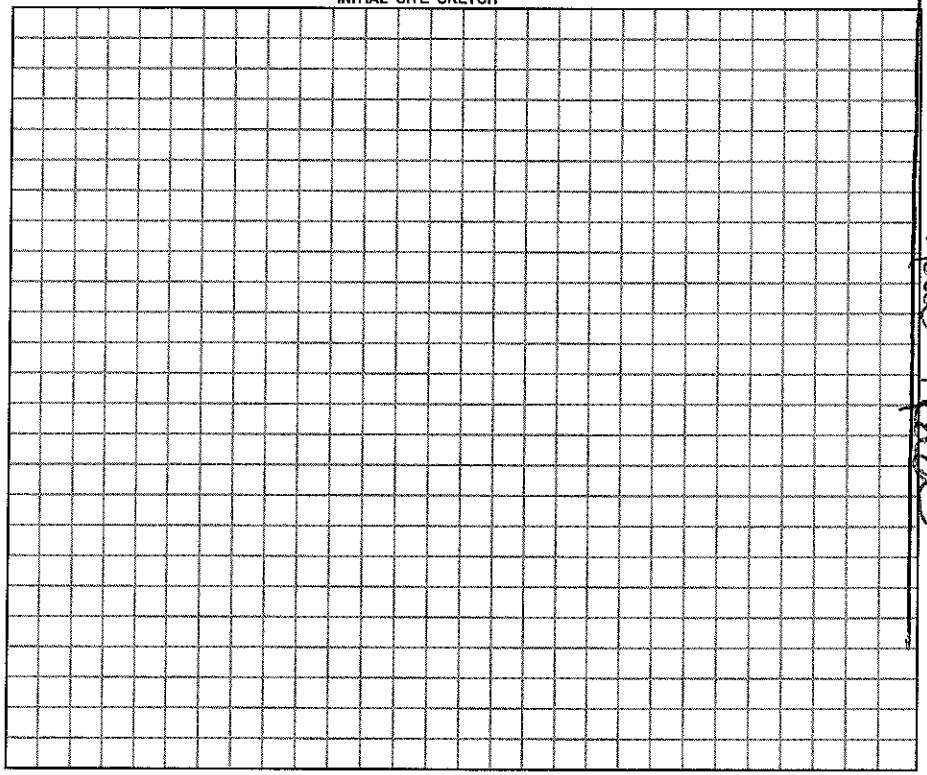
☐ Basement w/plumbing ☐ Basement w/o plumbing

Comments / Conditions

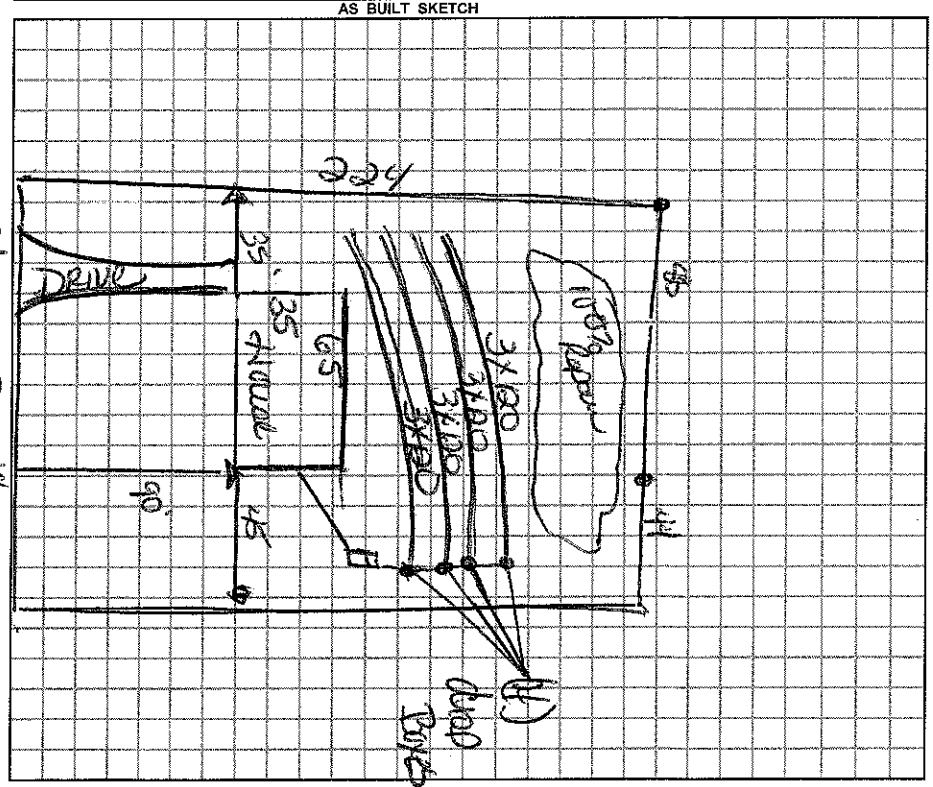
At time of inspection ND Fedwire

Comments / Conditions

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 w / plat valid without expiration.* ☐ *IMPROVEMENT PERMIT w / site plan valid for 60 mos.* ☑ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.*

Owner / Applicant Signature: ____ Date ____

Improvement Permit by: ____ Date ____

Authorzation to Construct by: ____ Date ____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by: ____

Operation Permit by: ____ Date: ____

Existing System Inspected by: Kyle Cook Date: 8-10-09

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant