IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 103950 PIN# 4789-38-3064.1 DATE 12-12-01

OWNER OR CONTRACTOR BETTY VERDERROSA PHONE: Business Home (704) 546-5130

ADDRESS 312 KINDER ROAD, HARMONY, NC 28634

LOCATION US 21 N, TR NC 901, TR KINDER ROAD 0.6 MILE ON LEFT

SUBDIVISION BLOCK / SECTION LOT LOT AREA 5.07 Acres SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GAD/FT²

Septic Tank: 1000 Gallons; STB 620 Date 9-3-01

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

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 25% REDUCTION, PUMP

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

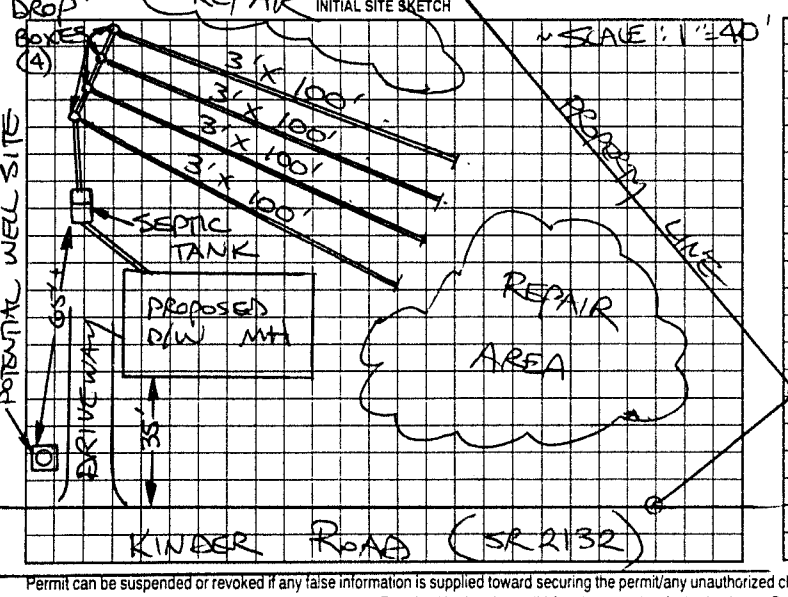
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

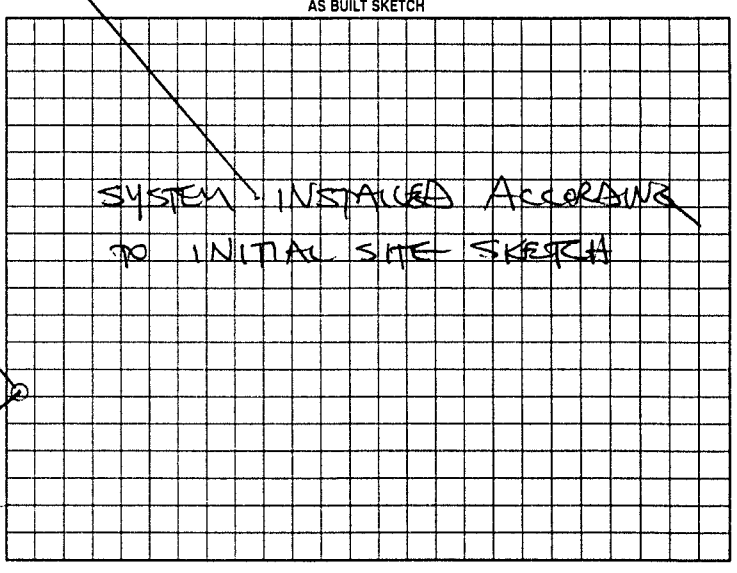
Comments/Conditions: KEEP SYSTEM MAXIMUM FEASIBLE DISTANCE FROM ANY WELL, NO LESS THAN 50'

Comments/Conditions: SEPTIC TANK WITH RISERS INSTALLED USING "ZABEL" FILTER

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: x Amanda Deamon date 12-12-01 Installed by: SAMMY REAVIS

Improvement Permit by: STEVE HEDRICK date 12-12-01 Operation Permit by: STEVE HEDRICK date 1-18-02

Authorization to Construct by: STEVE HEDRICK date 12-12-01 Existing System Inspection by: date

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