IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 120932 PIN# 4789-51-~~2834.002~~ 4751 DATE 6/3/04

OWNER OR CONTRACTOR Chris Cartner PHONE: Business (704) 902-0155 Home

ADDRESS PO Box 240 Harmony, NC 28634

LOCATION Jane Sowers Rd TL Old Mocksville Rd TL Cartner Rd Lot 7/10 mi on left

SUBDIVISION BLOCK / SECTION LOT LOT AREA SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. .25 gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 5-15-04

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet Linear Feet 320'

No Lines 4 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, (II) III, IV, V, VI

System Description: Con. Gravity

Repair System Description: Pump 25% reduction

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 2

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

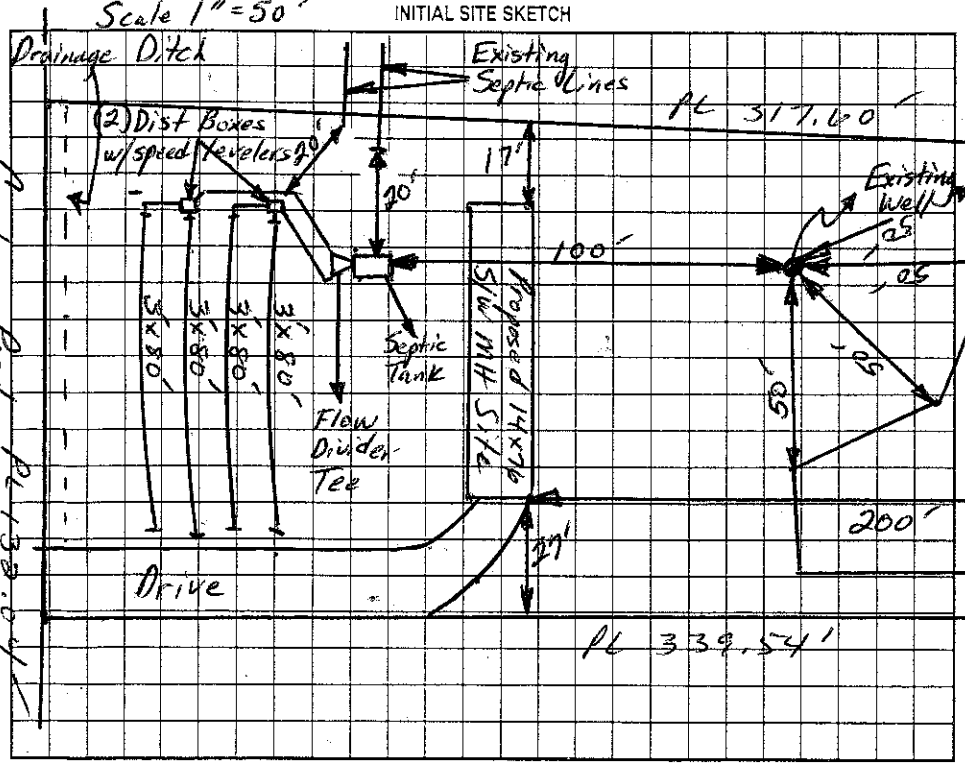
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☑ Public ☐ Community Ex. Well

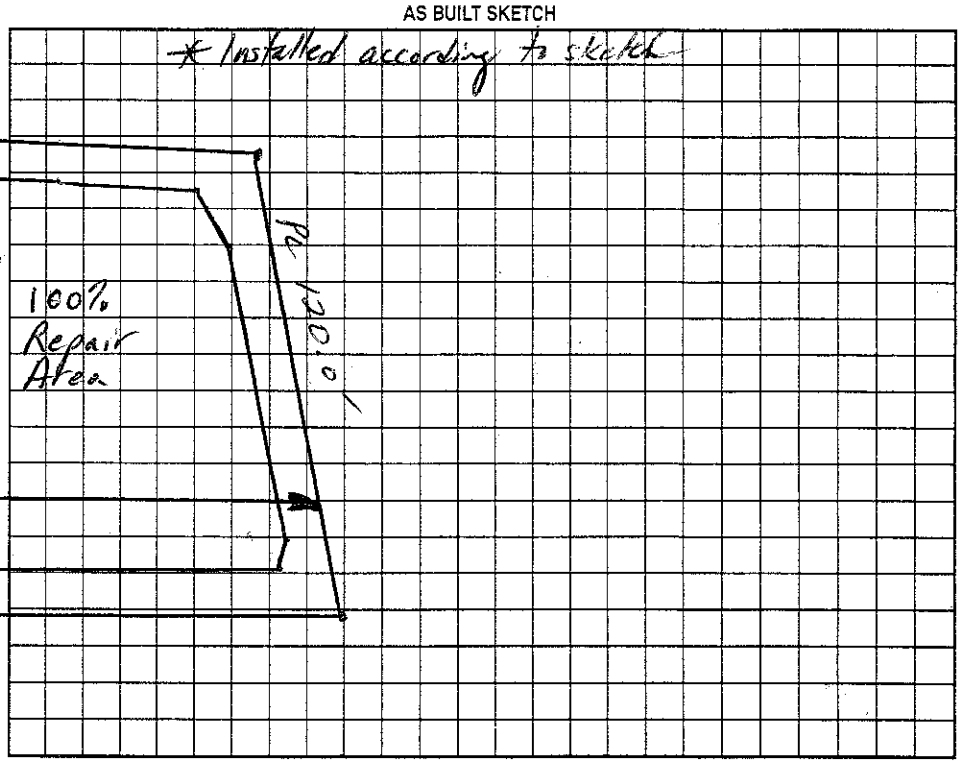
Comments/Conditions: ① Install lines at 24" on contour ② Install according to sketch ③ Maintain setbacks

Comments/Conditions: #5 stone, Tuff-Tite,

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: Cathy B Burleyship date

Improvement Permit by: Christopher M Smith, RS date 6/3/04

Authorization to Construct by: Christopher M Smith, RS date 6/3/04

Installed by: CRAIG THOMPSON

Operation Permit by: Christopher M Smith, RS date 10/13/04

Existing System Inspection by: date

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