IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# REPAIR PIN# 7771 DATE 6-8-01

OWNER OR CONTRACTOR JUDY GAITHER PHONE: Business 40 (336) 751-3794 Home (704) 546-1252

ADDRESS 1252 E. MEMORIAL HWY, HARMONY, NC 28634

LOCATION OLD MOCKSVILLE ROAD, TL NC 901, 3RD HOUSE ON LEFT AT BOX #1252

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA LIMITED SITE CLASS PS DESIGN FLOW 240 L.T.A.R. EXISTING

Septic Tank: EXISTING Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No _____

Nitrification Field: No Fields 1 Square Feet 600 Linear Feet 200

No Lines ONE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth (18")

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

System Description: _____

Repair System Description: CONVENTIONAL GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms 1

☐ Business No. Employees _____

☐ Other _____

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

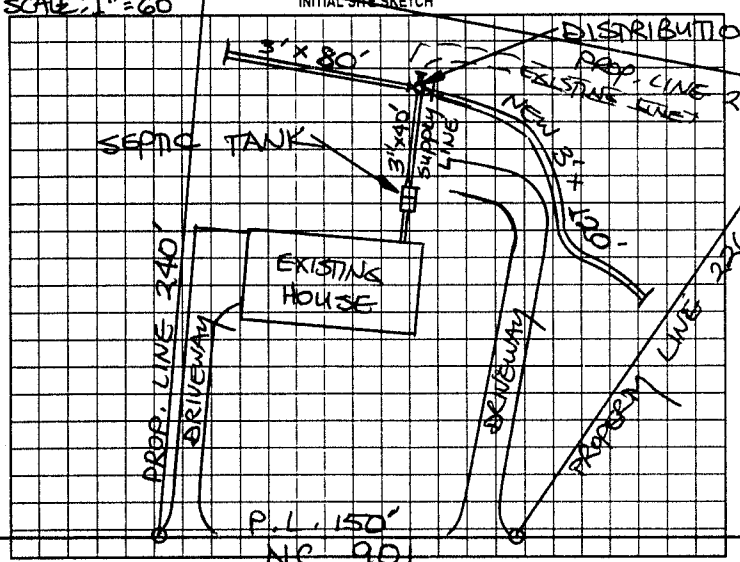
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions: (1) REPLACE SANITARY TEE IN SEPTIC TANK & NEW 3" x 40' SUPPLY LINE (2) INSTALL NEW DIST. BOX FEEDING NEW LINES & EXISTING LINE (3) USE 18" STONE.

Comments/Conditions:

~ SCALE: 1" = 60'

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM REPAIRED ACCORDING TO INITIAL SITE 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: [signature] date 6/8/01 Installed by: LARRY POWELL

Improvement Permit by: STEVE HEDRICK date 6-8-01 Operation Permit by: STEVE HEDRICK date 6-12-01

Authorization to Construct by: STEVE HEDRICK date 6-8-01 Existing System Inspection by: _____ date _____

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