CI

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 133654 PIN# 4824600722 DATE 5-24-06

OWNER OR APPLICANT John & Virginia Cleveman PHONE: Business _____ Home 704-880-3319

ADDRESS 661 Jericho RD Harmony NC 28634

LOCATION Hwy 901 TR Grassy Knob Rd Zeb property on left

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 3.84 Ac SITE CLASS. B DESIGN FLOW 360 L.T.A.R. 1.3

Septic Tank: 1000 Gallons; STB 1512 Date 1-19-05
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields ___ Square Feet 1200 Linear Feet 300
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 25% Reduction
Repair System Description: 25% Reduction
Maintenance Agreement Required: ☐ Yes ☐ No
Gravel Depth N/A ☐ Gravity ☐ Pressure

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons ___
☐ Business No. Employees ___
☐ Other _____

Water Supply: ☐ Individual ☑ Public ☐ Community

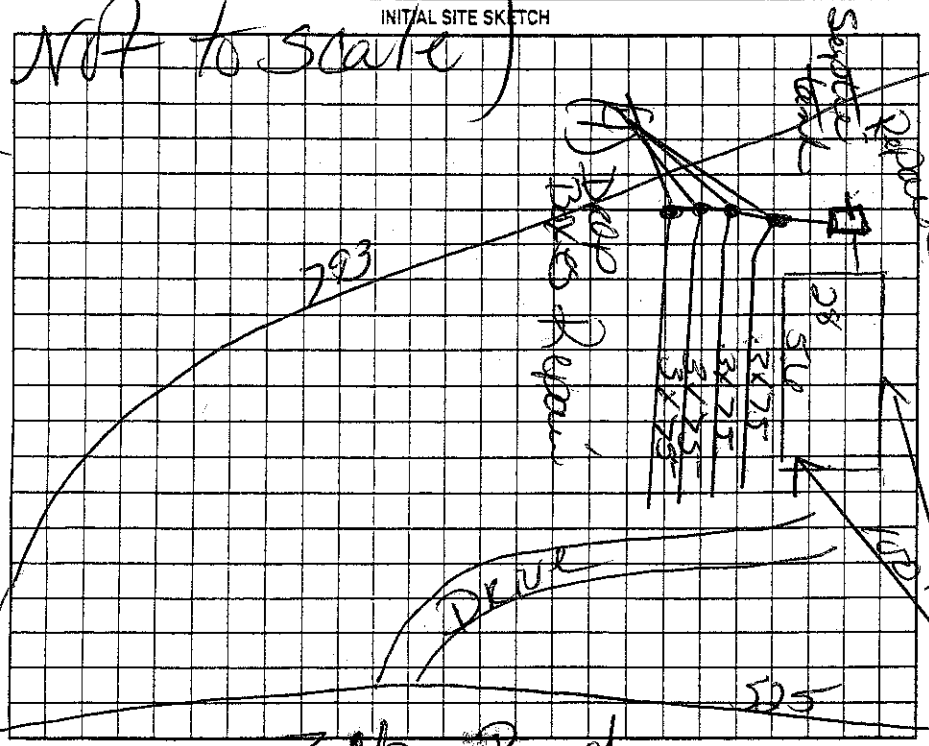
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: Install on Contour
Maintain all setbacks

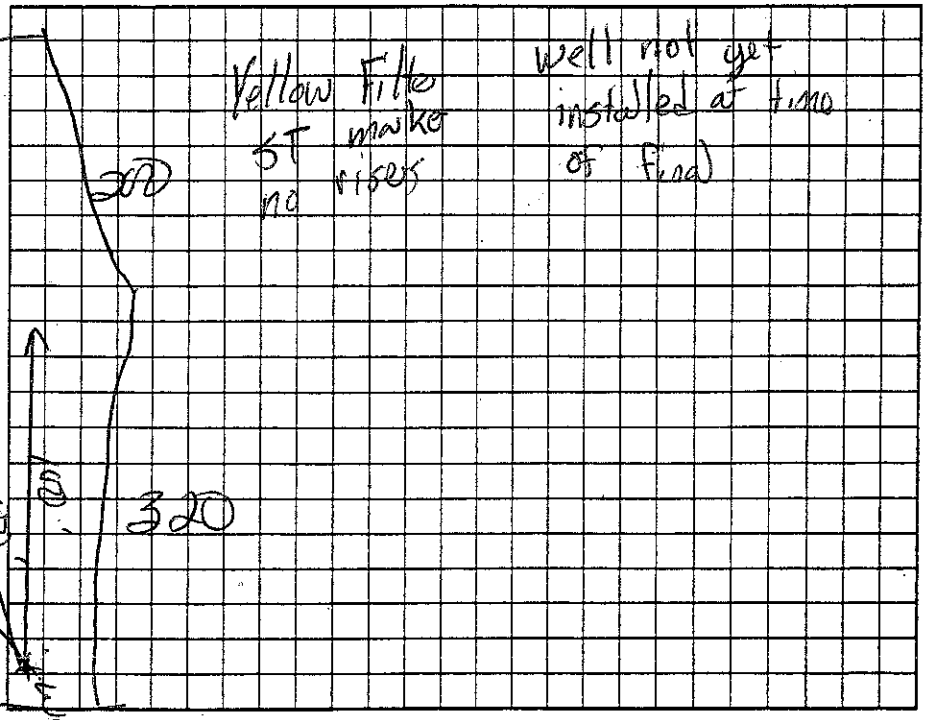
Comments:/Conditions:
Maintain all setbacks
Maintain 100' away from well

INITIAL SITE SKETCH

Not to Scale



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: _____ date _____

Improvement Permit by: _____ date 5-24-06

Authorization to Construct by: _____ date 5-24-06

Installed by: A-1 Backhoe

Operation Permit by: _____ date 6/20/06

Existing System Inspection by: _____ date _____

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