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# 4843-93-3628 DATE 8-4-05

OWNER OR CONTRACTOR LANE BROWN PHONE: Business 704-880-7104 Home 704-539-4024

ADDRESS 1454 UNION GROVE ROAD, HARMONY, NC 28634

LOCATION I-77 N, TL NC 901, TR UNION GROVE ROAD, THIRD HOUSE ON LEFT AT #1460

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 4.62 ACRES 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 EXISTING Linear Feet 200 EXISTING

No Lines TWO Trench Width EXISTING 36 Max Trench Bottom Depth EXISTING 36"

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

System Description: _____

Repair System Description: CONVENTIONAL TRENCH

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth EXISTING ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☑ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms _____

☐ Business No. Employees _____

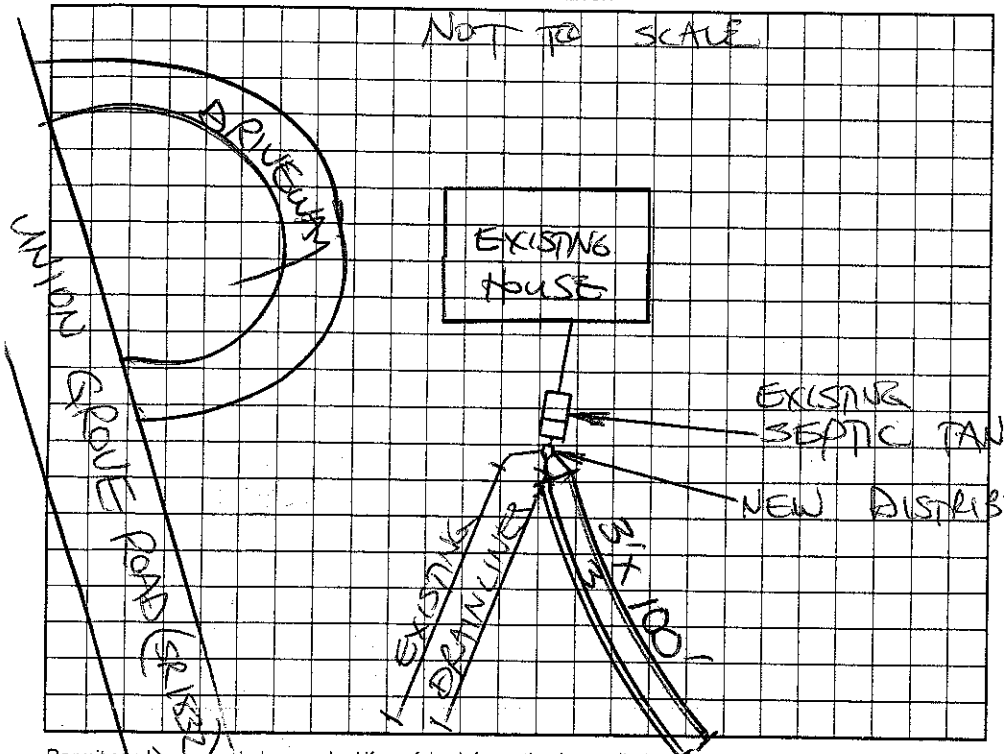
☐ Other _____

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions: (1) EXCAVATE SUPPLY LINE TO DETERMINE CAUSE of BLOCKAGE. (2) REPLACE SANITARY TEE & SUPPLY LINE WITH SCHEDULE 40 PVC (3" OR 4") (3) INSTALL NEW DISTRIBUTION BOX AS SHOWN

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

REPAIRED ACCORDING TO INITAL 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: X _____ date 8-4-05 Installed by: DALE WILLIAMS

Improvement Permit by: STEVE HENRICK date 8-4-05 Operation Permit by: STEVE HENRICK date 8-12-05

Authorization to Construct by: STEVE HENRICK date 8-4-05 Existing System Inspection by: _____ date _____

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