CI

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 105658 PIN# 4844-41-4705 DATE 04-16-02

OWNER OR CONTRACTOR JAMES & Minnie Hicks PHONE: Business _____ Home 704-546-7739

ADDRESS 2805 Sandy Springs Road Harmony NC 28634

LOCATION 901 W, ® WARREN BRIDGE, ® MITCH, AT CORNER OF PONDS END DOWN BEHIND FIELD OF F TIRE ROAD

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

Septic Tank: 1000 Gallons: STB 1012 Date 8-9-96
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 810' Linear Feet 270'
No Lines 3 Trench Width 36" Max Trench Bottom Depth 32" Gravel Depth 12

☐ New System ☐ Repair System Type: I II III IV V VI
System Description: CONV GRAV
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes X No

☐ House/Mod. Home X Mobile Home ☐ Business ☐ Other
No. Bedrooms 2 No. Bathrooms 1 1/2 No. Employees _____

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

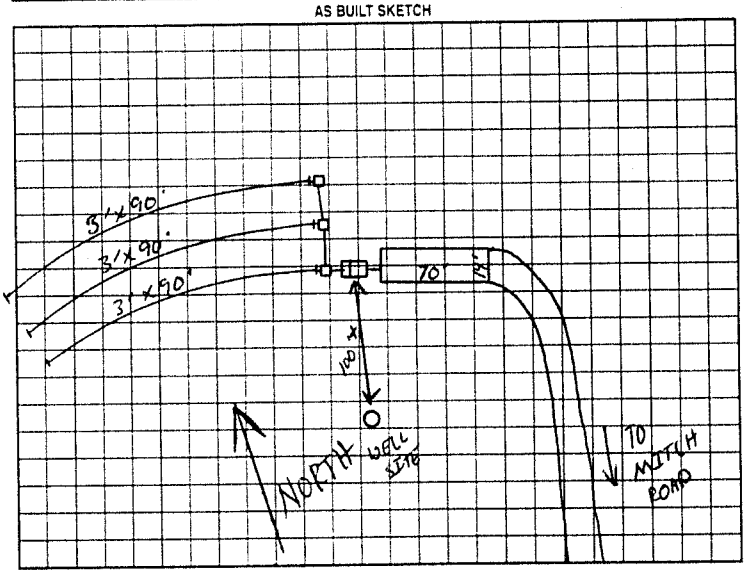
Water Supply: X Individual ☐ Public ☐ Community
WELL

Comments/Conditions:

Comments/Conditions: ① MAINTAIN SETBACKS ie; -7 5' off foundation footer (or mobile home side).
② TAKING OFF 2 BEDROOM, PUTTING ON 3 BEDROOM

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 _____ date 4/16 Installed by: JEFF HURLBUTT

Improvement Permit by: _____ date _____ Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: _____ date 04-16-02

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