IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 071820 PIN# 4851876700 DATE 2-11-98

OWNER OR CONTRACTOR VANESSA PARKS PHONE: Business 528-3700/881-8438 Home 539-4602

ADDRESS 315 JERICHO ROAD, HARMONY, NC 28634

LOCATION US 21 N, TL TABOR ROAD, TL JERICHO ROAD, ON LEFT AT Box #315 (¼ MILE)

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 0.762 ACRES SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.40 gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 4-12-99

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 2 No. Employees _____

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

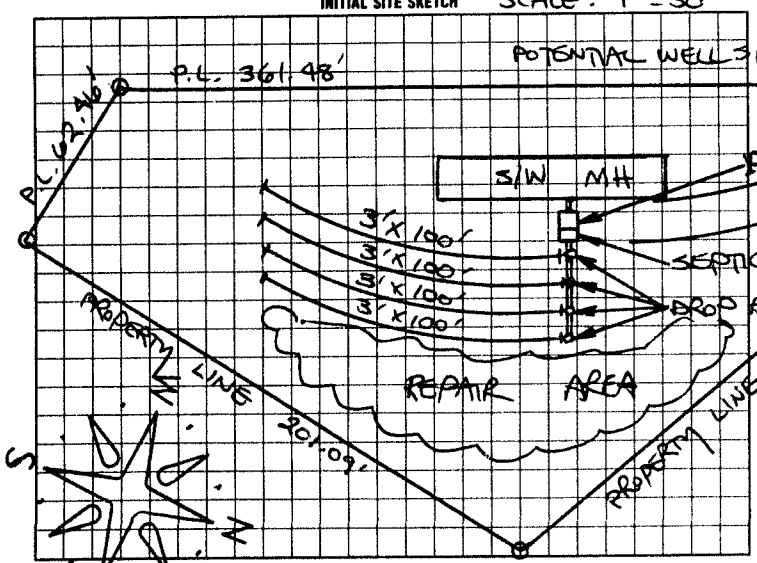
Water Supply: ☑ Individual ☐ Public ☐ Community

WELL

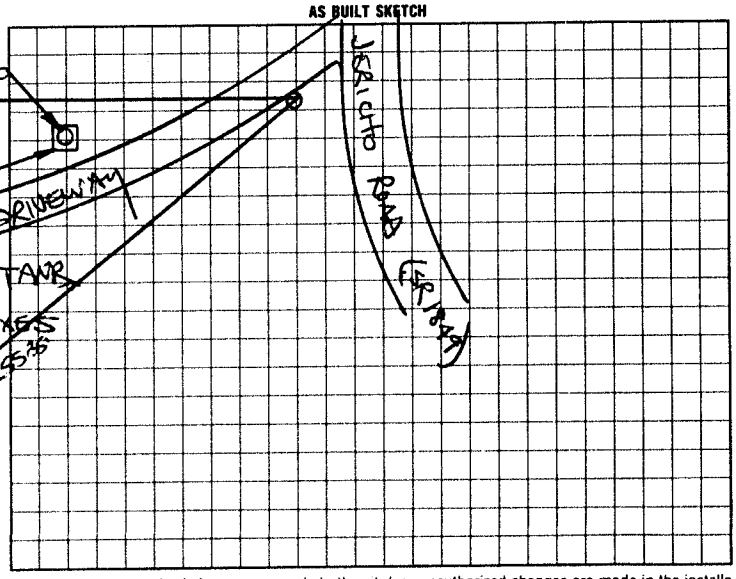
Comments/Conditions: KEEP SYSTEM MINIMUM 100' FROM WELL

Comments/Conditions:

INITIAL SITE SKETCH SCALE: 1"=50'



AS BUILT SKETCH



I understand that this 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 Vanessa Parks date _____ Installed by: Steve Jordan

Improvement Permit by: STEVE HEDRICK date 2-11-98 Operation Permit by: MaryC Ott RS date 5-26-99

Authorization to Construct by: STEVE HEDRICK date 2-11-98 Existing System Inspection by: _____ date _____

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