IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 079620 PIN# 4852 46 7209 (PT) DATE 6-8-99

OWNER OR CONTRACTOR THOMAS MILAM PHONE: Business ______ Home 539-5292

ADDRESS 1550 W. MEMORIAL HWY, HARMONY, NC 28634

LOCATION I-77 N, TL NC 901, LOT ON LEFT JUST BEFORE PIONEER ROAD, BACK OFF ROAD

SUBDIVISION ______ BLOCK / SECTION ______ LOT ______ LOT AREA 1.00 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.33 gpd/ft²

Septic Tank: 1000 Gallons; STB 760 Date 4-13-

Pump Tank: ______ Gallons; PT ______ Date ______

Pump Make: ______ Model ______ Serial No. ______

Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360

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: 25% REDUCTION

Maintenance Agreement Required: ☐ Yes ✓ No

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

☐ House/Mod. Home ✓ Mobile Home ☐ Business ☐ Other ______

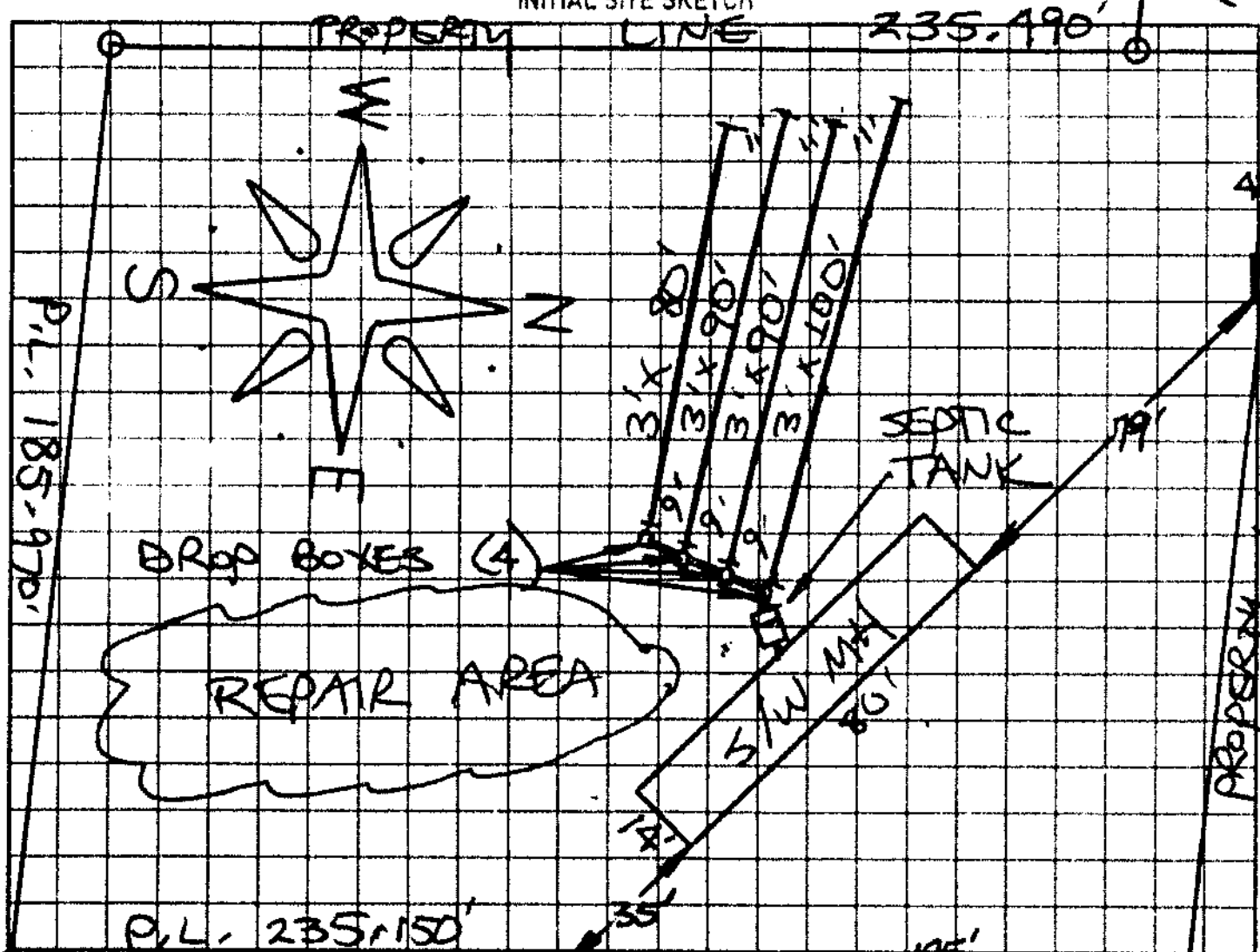
No. Bedrooms 3 No. Bathrooms 2 No. Employees ______

Water Supply: ☐ Individual ☑ Public ☐ Community

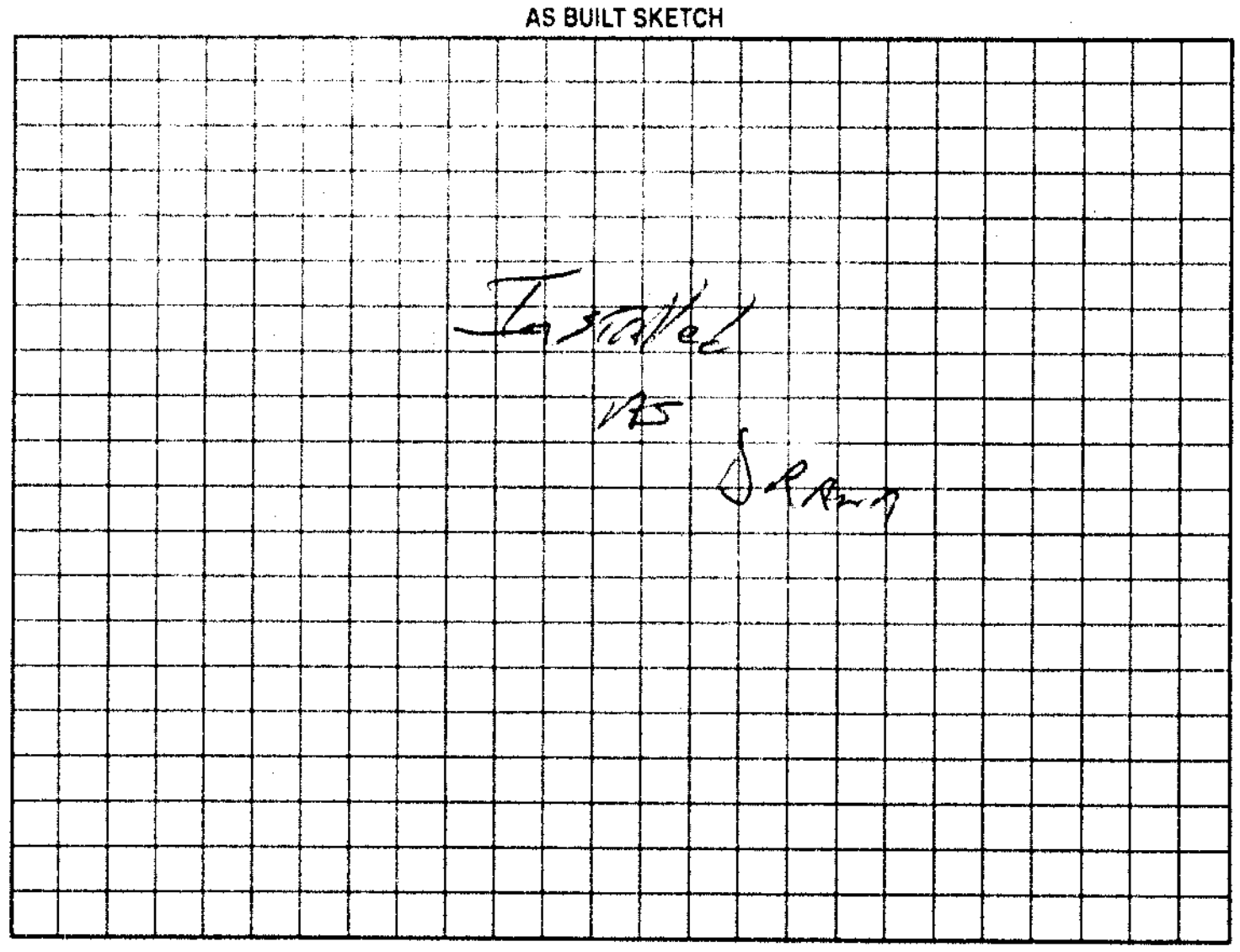
Comments:/Conditions: SCALE: 1"=50'

Comments:/Conditions:

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: Robert [illegible] for Tracy Milam date 6-8-99 Installed by: J C Crain

Improvement Permit by: STEVE HEDRICK date 6-8-99 Operation Permit by: J c Potter date 8-5-99

Authorization to Construct by: STEVE HEDRICK date 6-8-99 Existing System Inspection by: ______ date ______

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