IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (C) MOORESVILLE 704-664-5281

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

PERMIT# 11627 PIN# 4853-02-3621 DATE 10-17-03

OWNER OR CONTRACTOR LISA YARBORO PHONE: Business _____ Home 704-539-5281

ADDRESS 141 OAK LEAF RD HARMONY, NC 28634

LOCATION 77 NORTH, (L) 901, (R) UNION GROVE RD, (R) OAK LEAF RD (L) AT BOX # 141 BEHIND HOUSE

SUBDIVISION / IRELAND BLOCK / SECTION _____ LOT 20 LOT AREA 1.3 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 620 Date 10-11-03
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1440' Linear Feet 480'
No Lines 8x60 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

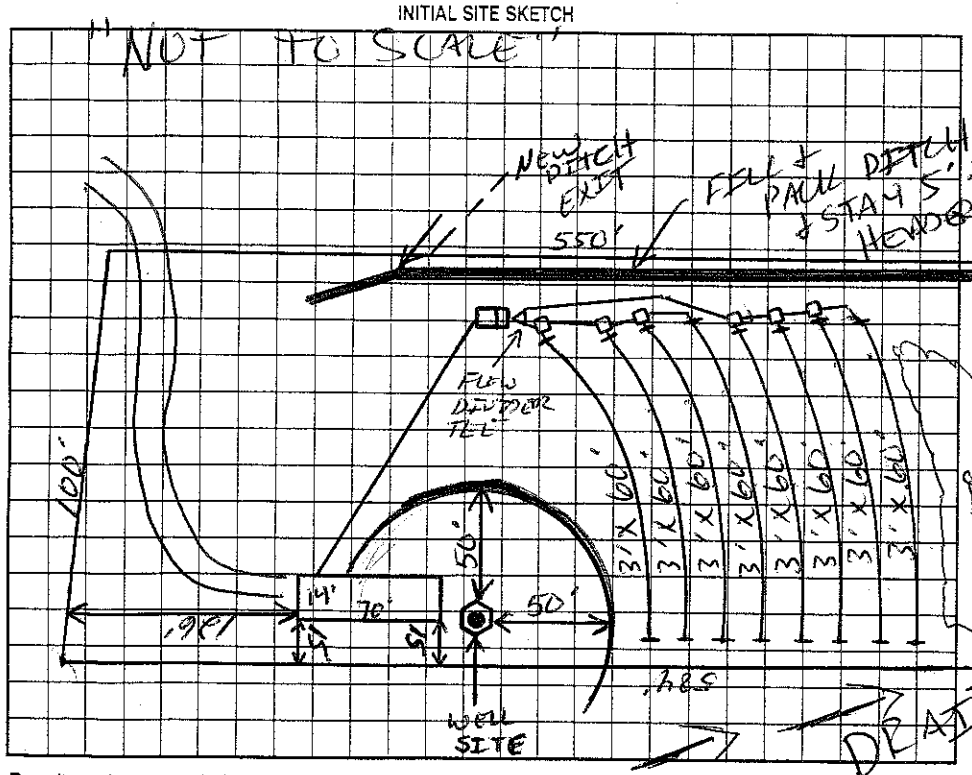
☐ House/Mod. Home No. Bedrooms 3
(X) Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____
☐ Slab (X) Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: (X) Individual ☐ Public ☐ Community

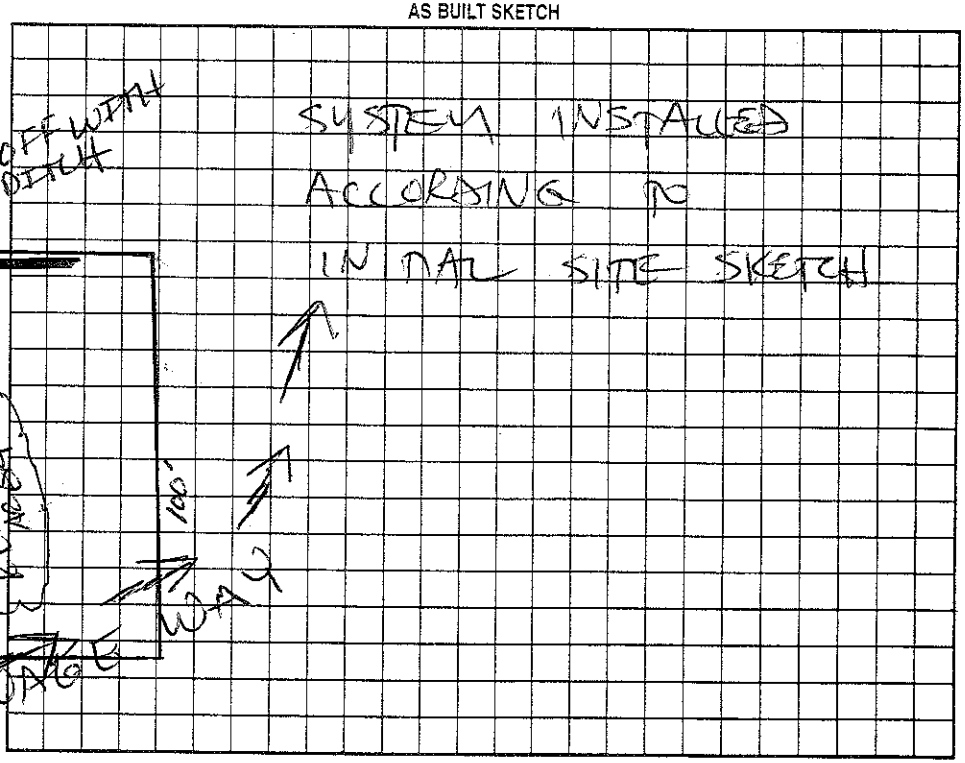
Comments:/Conditions: (1) INSTALL LINES ON CONTOURS (2) MAINTAIN SETBACKS (3) SEE COMMENTS ABOUT DITCH BELOW (4) INSTALL 8 LINES 60' LONG USING 6 DROP BOXES + 1 FLOW DIVERTER TEE

Comments:/Conditions: SEPTIC TANK WITH RISERS INSTALLED USING "ZABEL" FILTER

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: Lisa B. Yarboro date 10-17-03

Improvement Permit by: _____ date 10-17-03

Authorization to Construct by: _____ date 10-17-03

Installed by: SAMMY REAVIS

Operation Permit by: STEVE HENDRICK date 11-14-03

Existing System Inspection by: _____ date _____

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