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# 4853-30-2251 DATE 10-18-02

OWNER OR CONTRACTOR DANNY JAMES YORK PHONE Business ____ Home 704-539-5747

ADDRESS 171 HOMESTEAD ROAD, HARMONY, NC 28634

LOCATION I-77 N, TL NC 901, T/R HOMESTEAD ROAD, #4 SE ON RIGHT AT BOX #171

SUBDIVISION ____ BLOCK / SECTION ____ LOT ____ LOT AREA LIMITED 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 300 Linear Feet 100

No Lines TWO Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 18"

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

System Description: CONVENTIONAL, GRAVITY

Repair System Description: CONVENTIONAL, GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms 1

☐ Business No. Employees ____

☐ Other ____

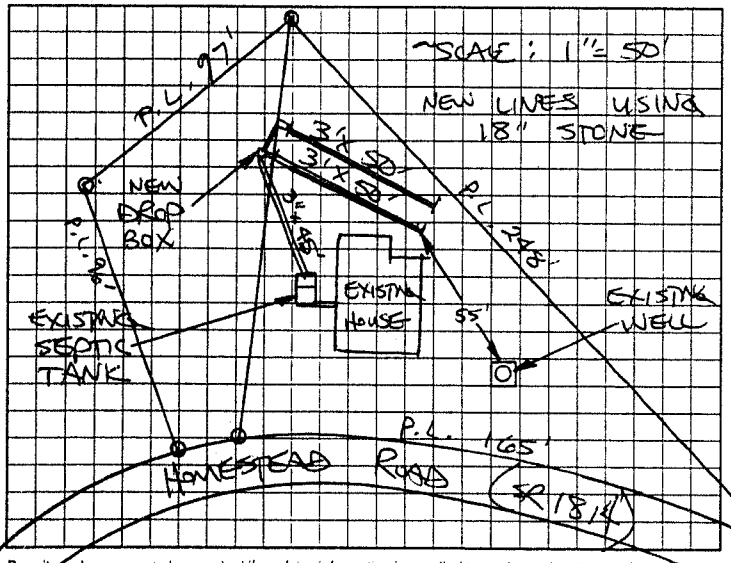
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

Comments/Conditions:

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INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM REPAIRED ACCORDING TO INITIAL 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 Danny York date 10-18-02 Installed by STEVE JORDAN

Improvement Permit by: STEVE HEDRICK date 10-18-02 Operation Permit by: STEVE HEDRICK date 12-3-02

Authorization to Construct by: STEVE HEDRICK date 10-18-02 Existing System Inspection by: ____ date ____

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