DAVID LONG

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 072956 PIN# 4853 84 6544 DATE 6-9-98

OWNER OR CONTRACTOR WAYNE D. CAMPBELL PHONE: Business Home 539-4046

ADDRESS 499 MULLIS ROAD (DAVID LONG) HARMONY NC 28634

LOCATION I-77 NORTH, TL NC901, TR MULLIS ROAD, TR MULLIS ROAD (SAME), 2ND DRIVE ON LEFT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 32.4 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 851 Date 4-28-98

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines THREE Trench Width 36" Max Trench Bottom Depth 28 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 FUTURE 3BR HOUSE

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

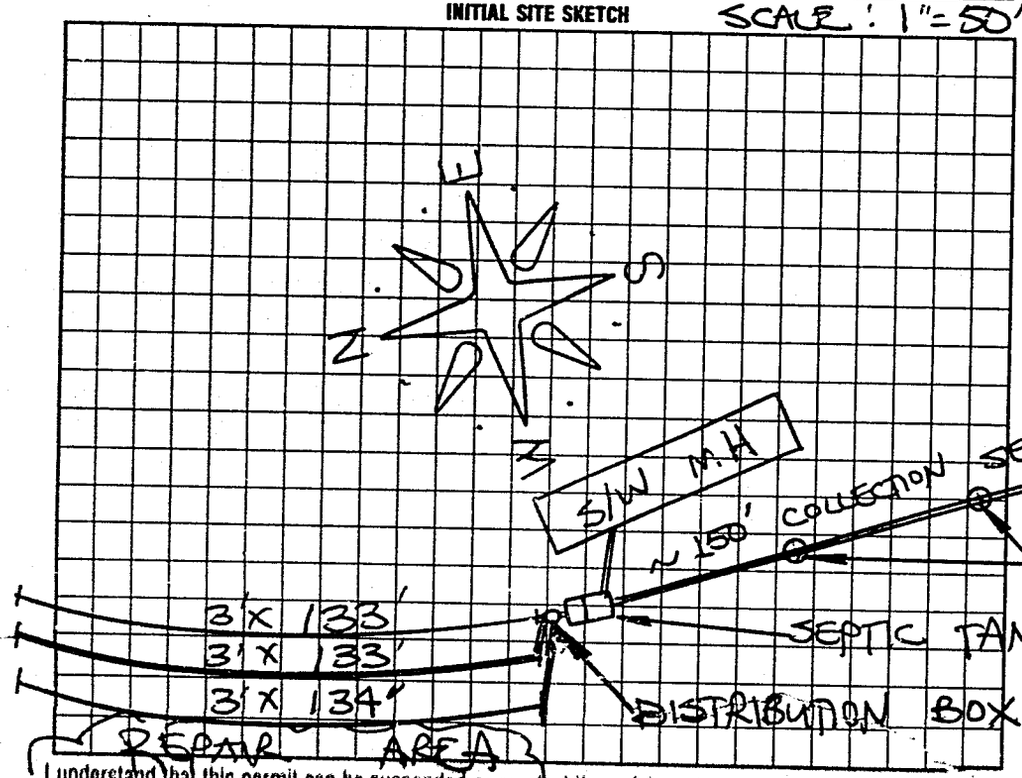
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community WELL

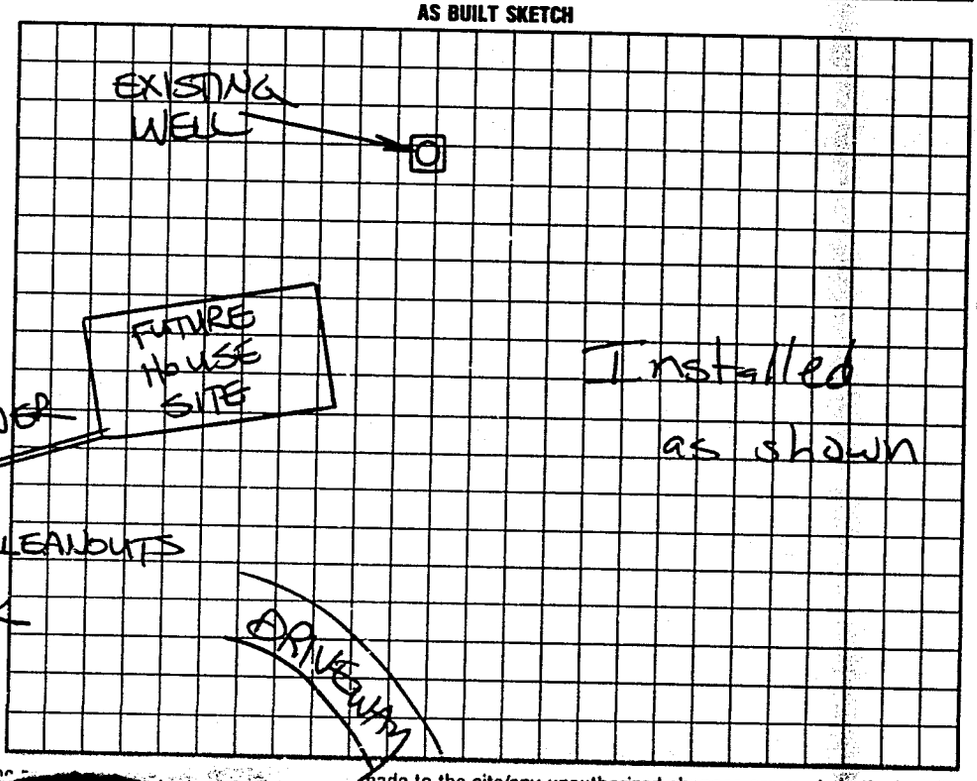
Comments:/Conditions: ① INSTALL LINES ON CONTOUR, NO DEEPER THAN 28 INCHES, ② S/W MH TO BE REMOVED UPON OCCUPANCY OF FUTURE HOUSE.

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 [redacted] 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 pl[redacted] struct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: David Long date 6-4-98

Improvement Permit by: STEVE HEDRICK date 6-4-98

Authorization to Construct by: STEVE HEDRICK date 6-4-98

Installed by: Grant Johnson

Operation Permit by: Mark COGERS date 6-11-98

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