IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# _____ PIN# _____ DATE March 24 00

OWNER OR CONTRACTOR Grady Gaither PHONE: Business _____ Home 546-5828

ADDRESS 2675 Hartsoog Hwy, Harmony

LOCATION # 496 Tabor Road 2IND TL TABOR RD. on Right just past Mulligan Lane

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA Existing SITE CLASS _____ DESIGN FLOW 360gpd L.T.A.R. 3

Septic Tank: 1000 Gallons: STB 1012 Date 8-27-00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No. Fields 1 Square Feet 750 Linear Feet 250
No. Lines 5 in bed Trench Width 15' Max Trench Bottom Depth 36" Gravel Depth 12"+

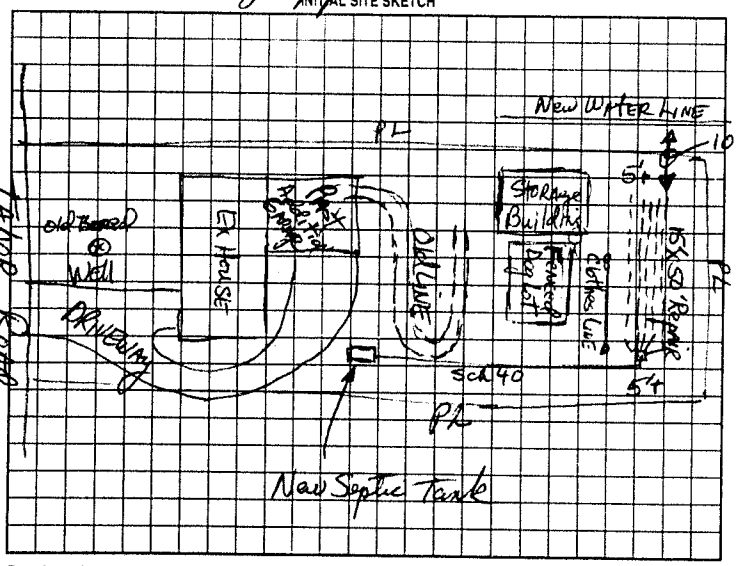
☐ New System ☒ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity Bed
Repair System Description Gravity Bed
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 1-2
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☒ Public Iredell Water Corp
☐ Community

Comments:/Conditions: Unable to locate old septic tank, likely old septic tank is not under driveway and is at least 5' from building foundation, set new 1000 gal tank as shown. Plumb straight pipe washer line into tank

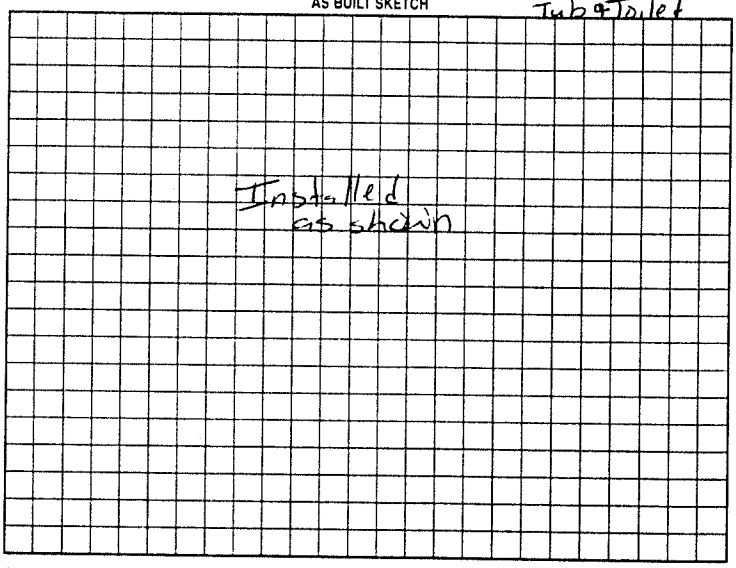
INITIAL SITE SKETCH



Comments /Conditions: Old tank under gravel - Pretty

Need to Fix water leaks Sink Tub & Toilet

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: Grady Gaither

Improvement Permit by: _____ date _____

Authorization to Construct by: _____ date 3-24-00

Installed by: A-1 Backhoe

Operation Permit by: _____ date 11-1-00

Existing System Inspection by: _____ date _____

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