IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 091775 PIN# 4860740154 DATE September 14 00

OWNER OR CONTRACTOR Christopher Pierce PHONE: Business _____ Home _____

ADDRESS P.O. Box 441 Harmony, N.C. 28634

LOCATION 142 Valley Springs Drive 21N from Stwl. TL Tabor Rd TR Valley Spring on right

SUBDIVISION Holly Ridge BLOCK / SECTION _____ LOT 56 LOT AREA 176'x~186' SITE CLASS PS DESIGN FLOW 360gal C.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 9/20/00

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 6 Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: Gravity INNOVATIVE 25% Red

Repair System Description: Gravel Pumped INNOVATIVE

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth NA ☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☑ Basement wo/plumbing

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

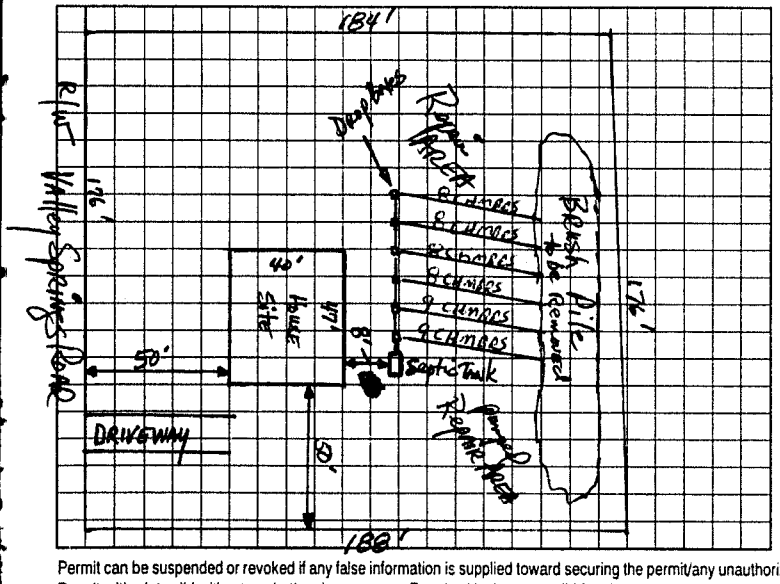
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions:

Comments/Conditions ① INSTALLED USING PALYLOK FILTER

② INSTALLED WITH MARKER

INITIAL SITE SKETCH



AS BUILT SKETCH

① INSTALLED AS SHOWN

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: Katherine K. Pierce date 9-18-00

Improvement Permit by: [signature] date 9-14-00

Authorization to Construct by: [signature] date 9-14-00

Installed by: Kelly Black

Operation Permit by: [signature] LSF date 01-17-01

Existing System Inspection by: _____ date _____

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