IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 120959 PIN# 4861-09-4782.250 DATE 6/2/04

OWNER OR CONTRACTOR Mike Stanley PHONE: Business (704) 450-6600 Home (704) 539-4361

ADDRESS 219 Jericho Road Harmony NC 28634

LOCATION I-77N TR 901 TR Jericho site is 1/2 mi on Right @ box #250

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 10.3 SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. Ex.

Septic Tank: Ex. Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet Ex. Linear Feet Ex.

No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: Con. Gravity

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms ____

☑ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

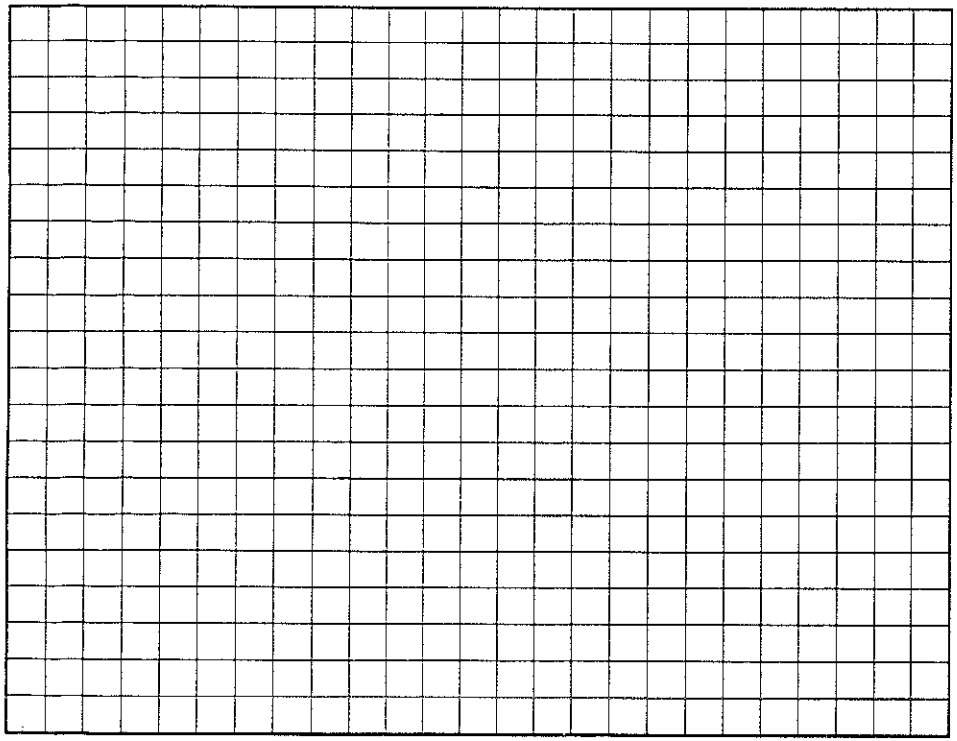
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☑ Individual
☐ Public
☐ Community
WELL

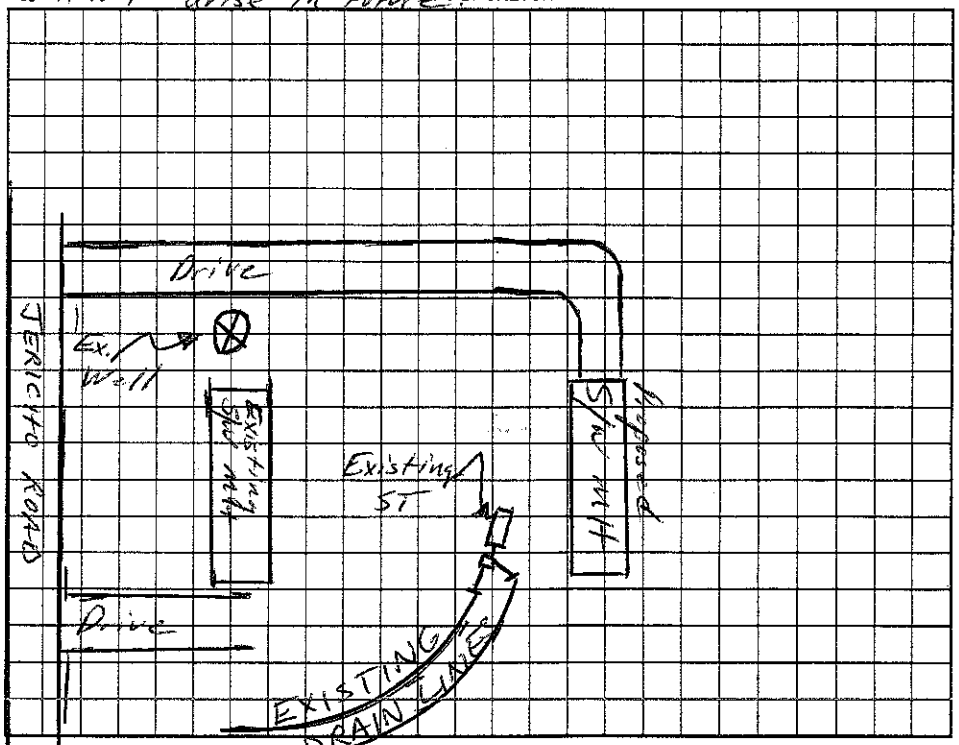
Comments:/Conditions:

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(1) System functioning properly upon inspection.
(2) Permission to connect system to structure. (3) New structure shall not increase the number of bedrooms on system.
(4) This is a visual inspection only and no guarantee problems will not arise in future.

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: _____ date _____

Improvement Permit by: _____ date _____

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: Christopher M Stanley, PS date 6/2/04

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