THIS PERMIT VOIDS PREVIOUS ISSUED 3-31-97

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 101133 PIN# 4861 28 4547 DATE 7-11-01

OWNER OR CONTRACTOR MIKE FRALEY PHONE: Business _____ Home (704) 539-4382

ADDRESS 115 JERICHO ROAD, HARMONY, NC 28634

LOCATION US 21 N, TL TABOR ROAD, TL JERICHO ROAD, 1ST DRIVE ON LEFT AT BOX #115

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.40 GAD/FT²

Septic Tank: 1000 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 ONE Trench Width 36" Max Trench Bottom Depth 48" Gravel Depth 12"

☑ New System ☐ Repair System Type: I II III IV V VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: CONV. PUMP
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

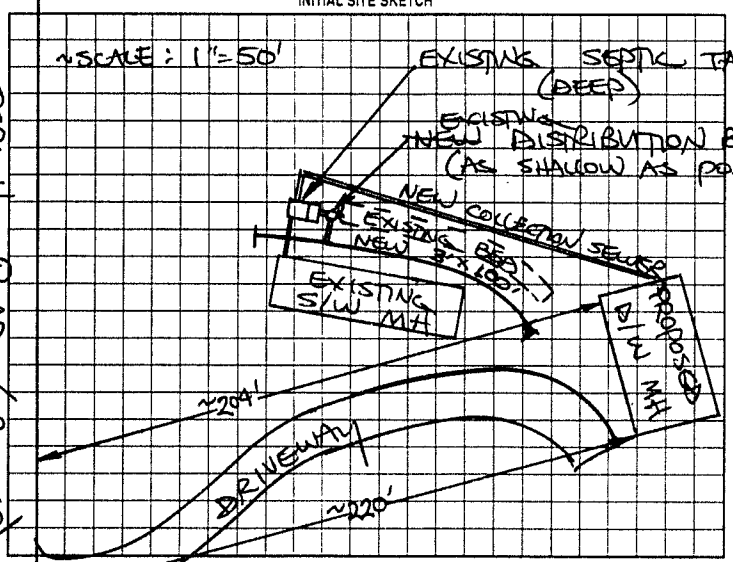
☐ House/Mod. Home No. Bedrooms 3
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

Water Supply: ☐ Individual ☐ Public ☐ Community

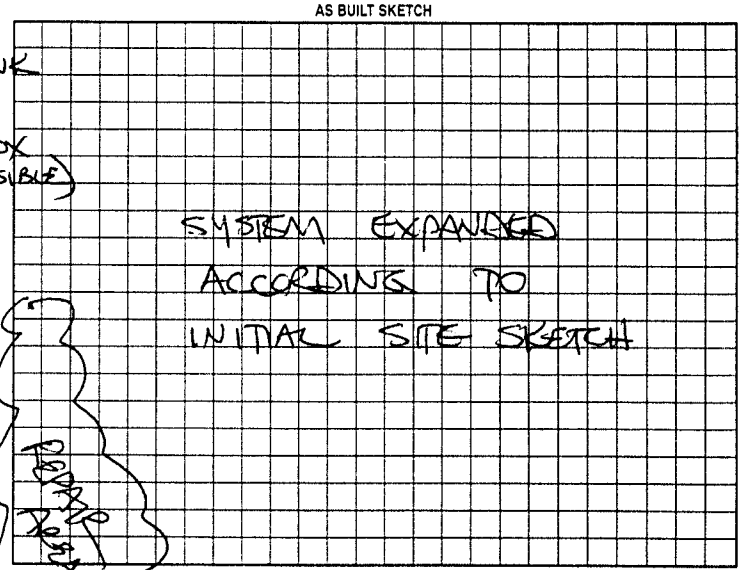
Comments/Conditions: INSPECT EXISTING NEW DISTRIBUTION BOX AS SHALLOW AS POSSIBLE FEEDING BED (1ST) & NEW LINE (2ND)

Comments/Conditions:

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: Mike Fraley date 7-13-01
Improvement Permit by: STEVE HEDRICK date 7-11-01
Authorization to Construct by: STEVE HEDRICK date 7-11-01

Installed by: SAMMY REAULS
Operation Permit by: STEVE HEDRICK date 8-1-01
Existing System Inspection by: _____ date _____

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