IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 120923 PIN# 4862-14-~~7862.001~~ 7679 DATE 8/9/04

OWNER OR CONTRACTOR Ralph + Sherry Combs PHONE: Business — Home (704) 539-5743

ADDRESS 1175 W. Memorial Hwy Harmon, N.C 28634

LOCATION I-77N, @ Hwy 901 go about 3.125 miles Right e 1st Brick House

SUBDIVISION _____ BLOCK / SECTION _____ LOT 1 LOT AREA 3.28 Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .35 GPD/SqFt

Septic Tank: 4000 Gallons; STB 760 Date 10-11-03
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1029 Linear Feet 350
No Lines 6 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity Conv
Repair System Description: Pump Gravity 50% Red
Maintenance Agreement Required: ☐ Yes ☒ No

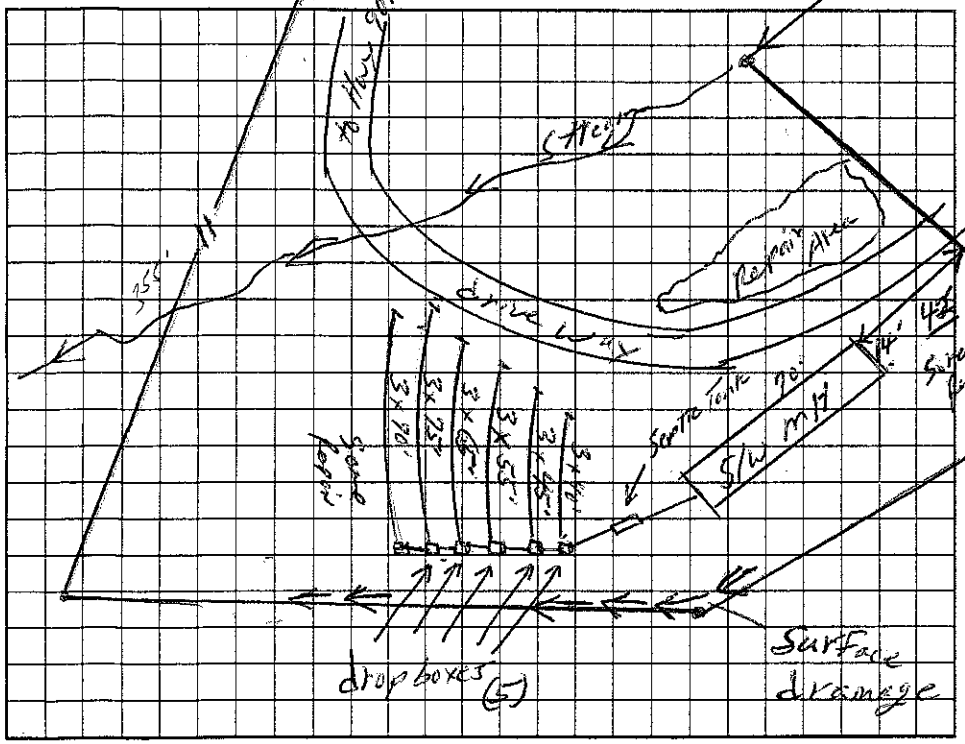
☐ House/Mod. Home No. Bedrooms 3
☒ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

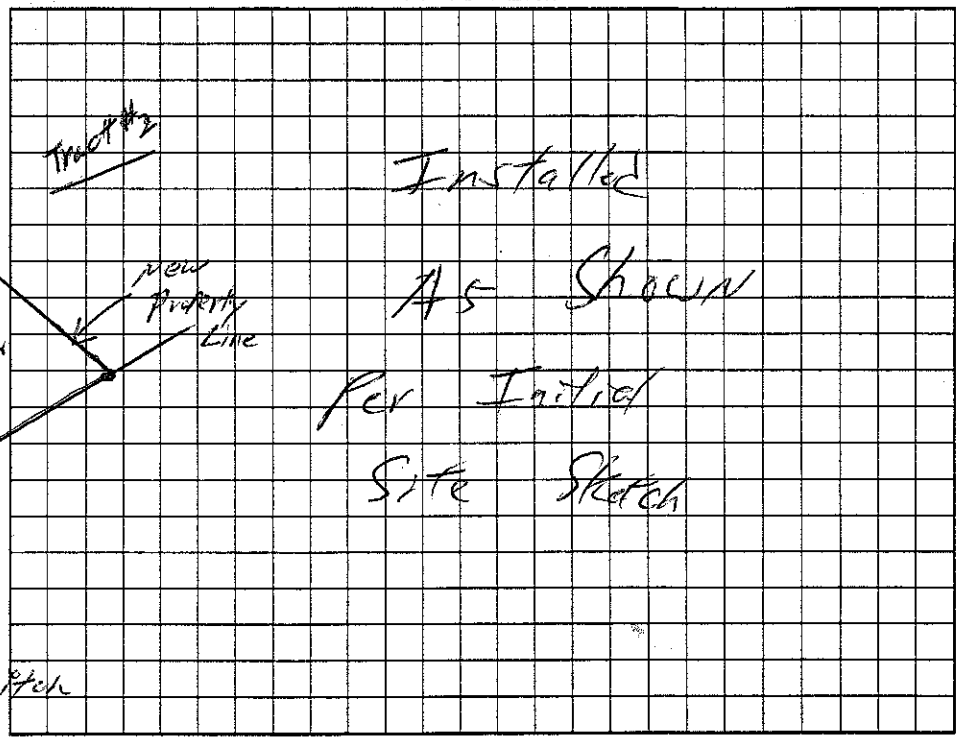
Comments:/Conditions: ① maintain proper setbacks ② keep septic lines 50ft from stream, 15ft from drainage ditch ③ Install surface drainage ditch as shown.

Comments:/Conditions:
Red poly lok filter Installed
1 ST Reserve Installed

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: Ralph Combs date 6-9-04 Installed by: Brent Gallihen

Improvement Permit by: William O. Johnson date 8/9/04 Operation Permit by: William O. Johnson date 8-20-04

Authorization to Construct by: William O. Johnson date 8/9/04 Existing System Inspection by: _____ date _____

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