IREDELL COUNTY HEALTH DEPARTMENT

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

CI

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

PERMIT# 112407 PIN# 4862-49-9826 DATE 4/11/03

OWNER OR CONTRACTOR Monica Hutchens PHONE: Business — Home (336) 244-9414

ADDRESS 1155 Triverte Road Harmony, N.C. 28634

LOCATION I-77 N, (R) NC 901, (L) Crawley Rd, (R) Cartwright Rd, at end on Left (Triverte Rd)

SUBDIVISION Cheshire Ridge BLOCK / SECTION I LOT 14 LOT AREA 1.04 Ac. SITE CLASS. P5 DESIGN FLOW 360 L.T.A.R. .30 sp&pw2

Septic Tank: 4000 Gallons; STB 1012 Date 3-28-99
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet Equiv 1200 Linear Feet 300
No Lines 4 Trench Width 36" Max Trench Bottom Depth 28"

☐ New System ☐ Repair System Type: I, II, (III) IV, V, VI
System Description: 25% Red. Gravity
Repair System Description: 25% Reduction Gravity
Maintenance Agreement Required: ☐ Yes ☒ No
~~Grease~~ Depth Sand 6"

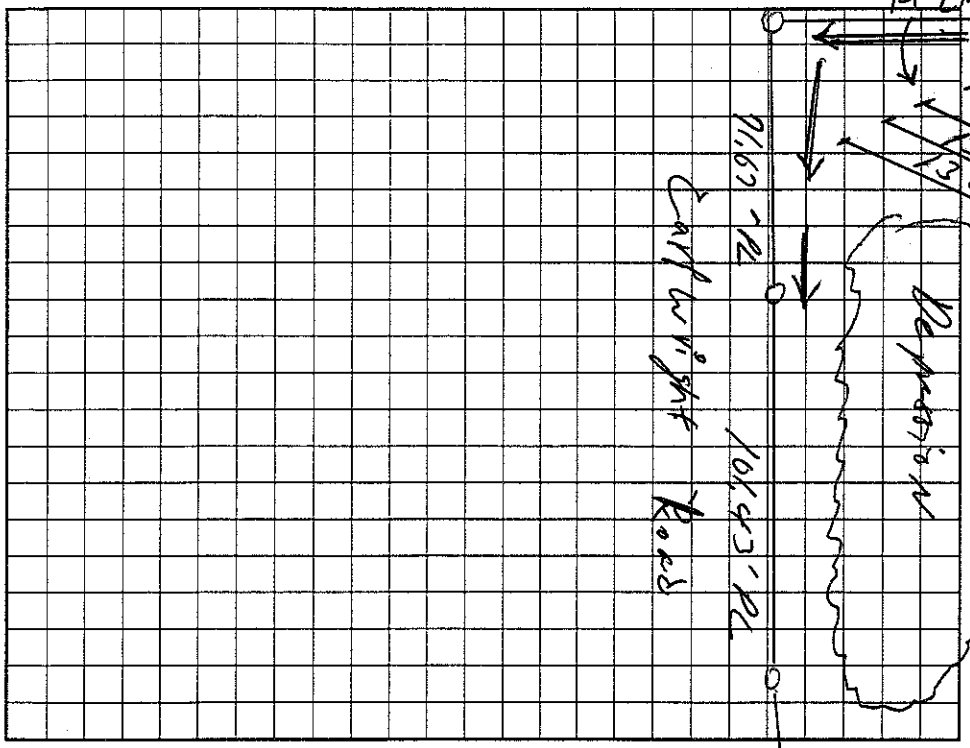
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☒ Individual
☐ Public
☐ Community

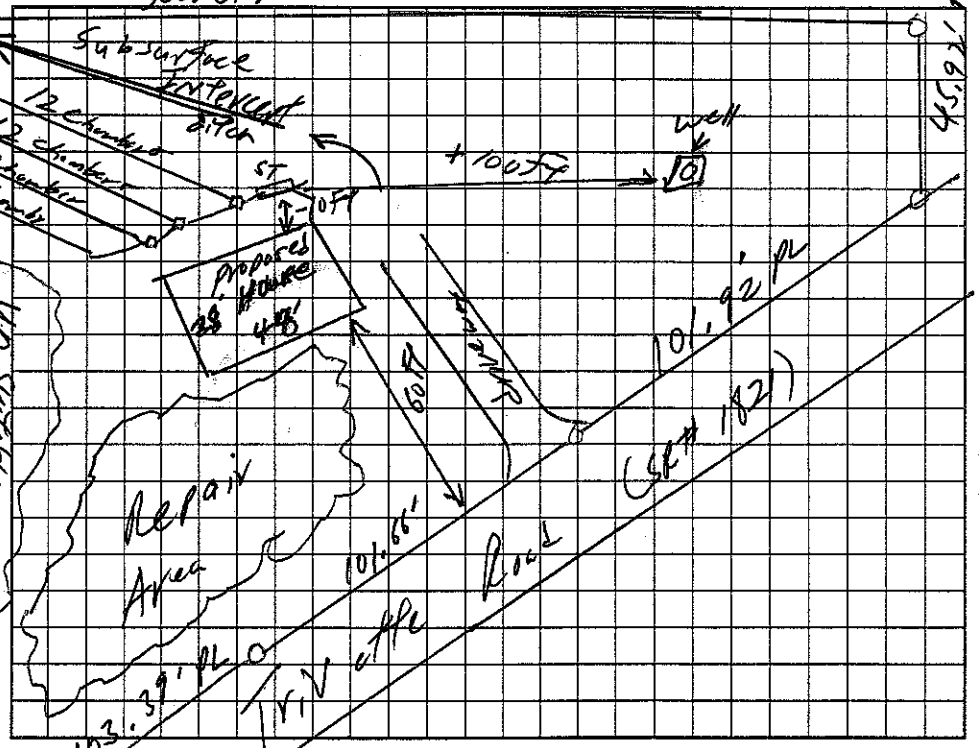
Comments:/Conditions:

Comments:/Conditions: System appears to be functioning properly at time of Inspection. Maintain proper setbacks when setting new House.

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 ____ Installed by: ____

Improvement Permit by: ____ date ____ Operation Permit by: ____ date ____

Authorization to Construct by: ____ date 4/11/03 Existing System Inspection by: William O. Johnson date 4/11/03

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