IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 072431 PIN# 4862578789

OWNER OR CONTRACTOR John + Nora Smyre DATE 9-2-98

ADDRESS 389 Eagle Mill Rd Harmony PHONE: Business _____ Home 539-4567

LOCATION ~~From~~ 77N TR 901 TL Eagle Mill ~1mile Past Curve lot on left # 389

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA _____ SITE CLASS. P/S DESIGN FLOW 360 L.T.A.R. _____

Septic Tank: 1000 Existing Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 600 Linear Feet 200

No Lines 4 Trench Width 36in Max Trench Bottom Depth 36in Gravel Depth 12in

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

System Description: Gravity Conventional

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

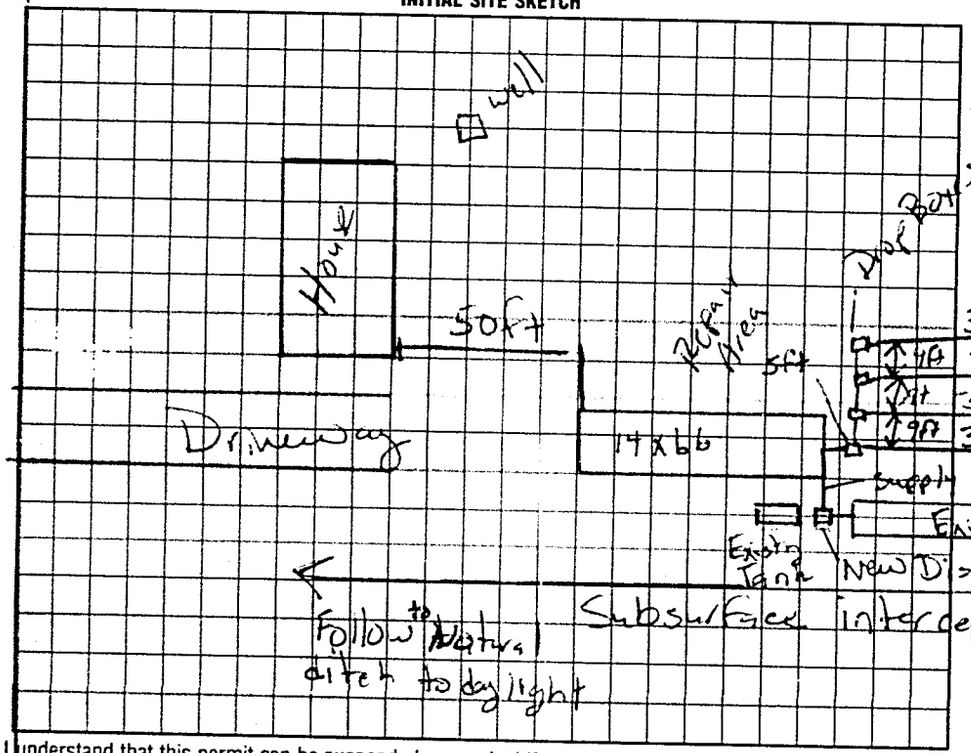
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

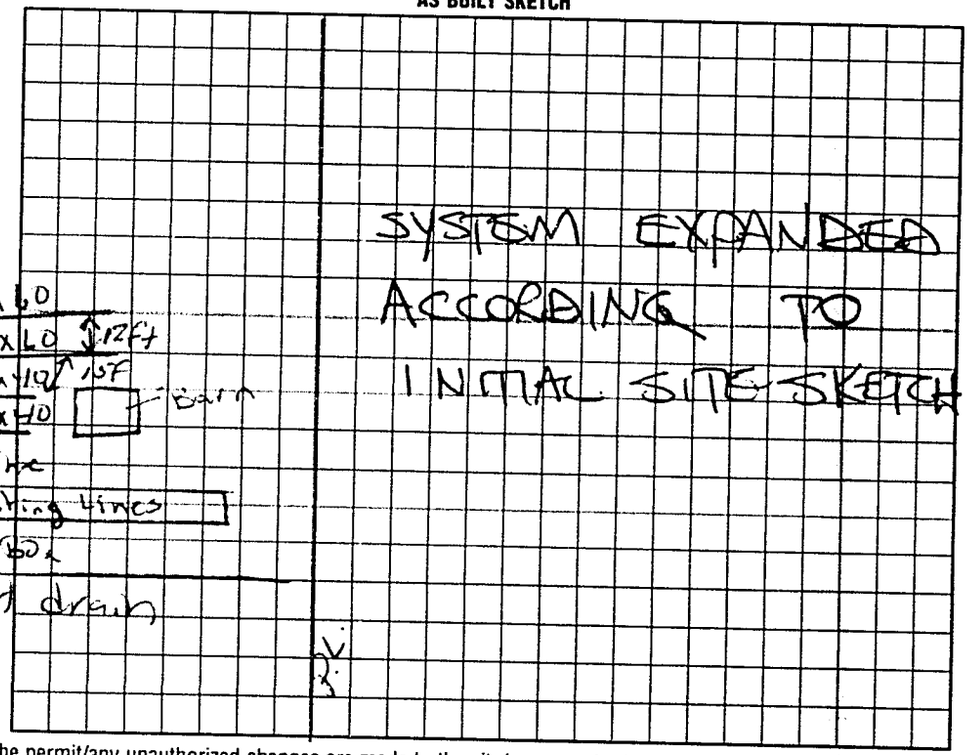
Comments:/Conditions: Install 4 lines on contour
Install subsurface intercept drain 48in deep to day light - drain out in natural ditch line.

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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: Nora Smyre date 9-2-98

Improvement Permit by: [signature] RS date 9-2-98

Authorization to Construct by: [signature] RS date 9-2-98

Installed by: RICK SHOOK

Operation Permit by: STEVE HEDRICK date 11-19-98

Existing System Inspection by: _____ date _____

HEALTH DEPT COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD