IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 118684 PIN# 4862-80-9224 DATE 3-9-04

OWNER OR CONTRACTOR JOHN B. THOMPSON PHONE: Business _____ Home 704-682-8461

ADDRESS 3105 HARMONY HWY HARMONY 28634

LOCATION I-77 N EXIT 65 (R) 901 (L) ALLEN LOT IS 1ST DIRT RD ON (R)

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 5.53 SITE CLASS. PS DESIGN FLOW 600 L.T.A.R. .25 GPD/FT²

Septic Tank: 1500 Gallons; STB 1011 Date 10-12-03
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 2400 Linear Feet 600
No Lines 6 Trench Width 36 Max Trench Bottom Depth 24

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: GRAVITY 25% RED.
Repair System Description: GRAVITY 25% RED
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 5
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees ____
☐ Other _____

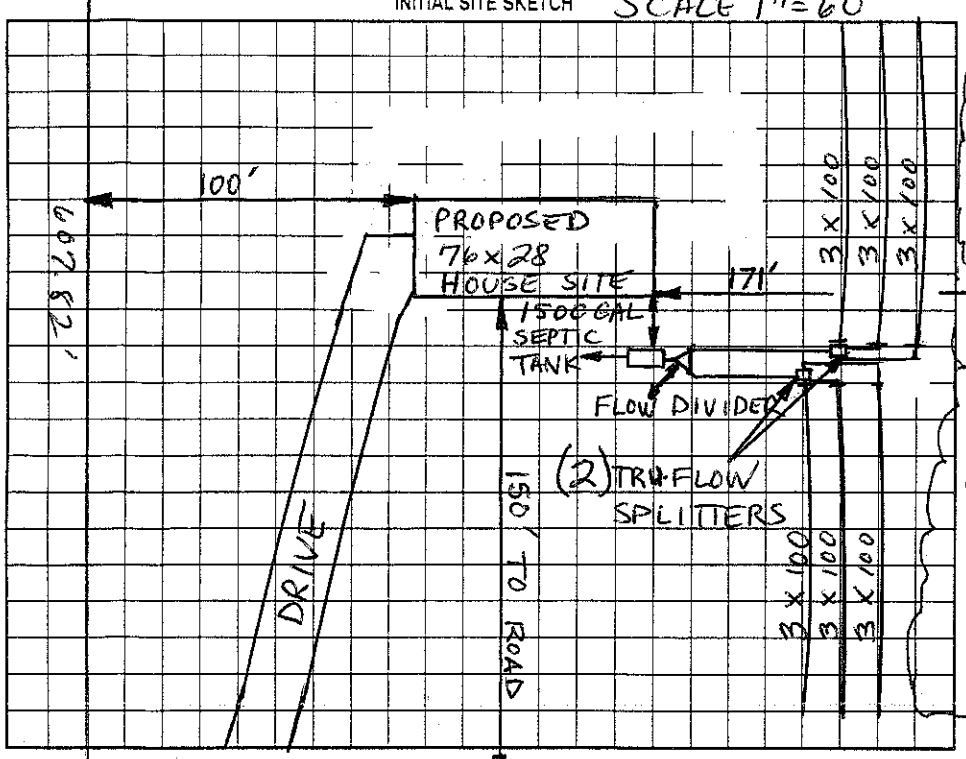
Water Supply: ☐ Individual ☑ Public ☐ Community

Gravel Depth N/A ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

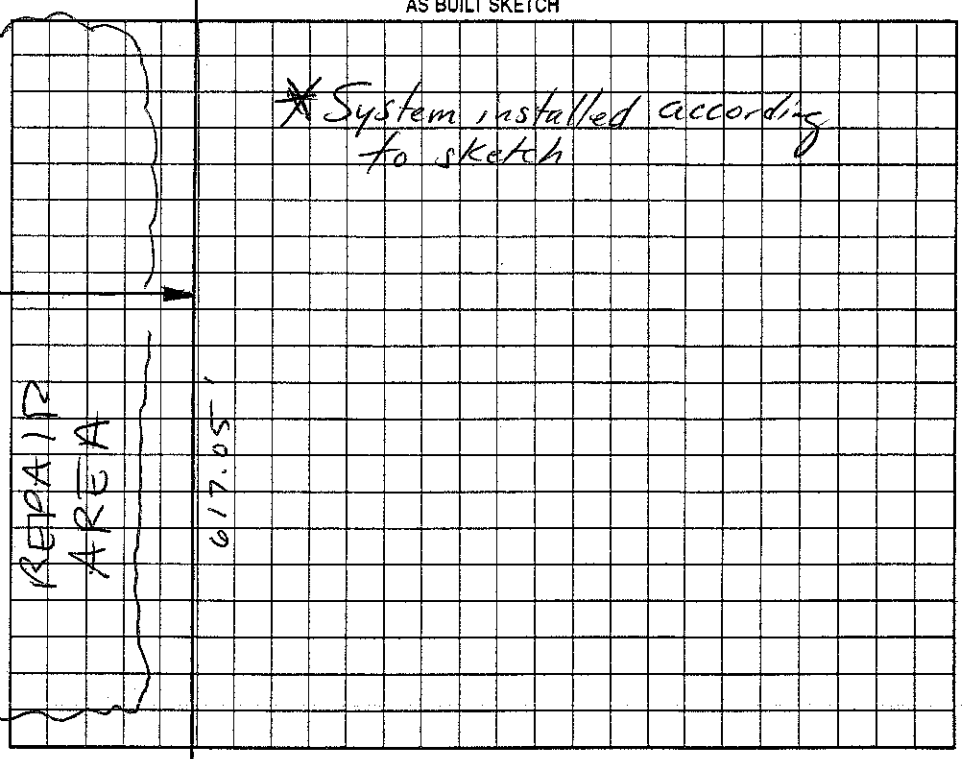
Comments/Conditions: (1) MAINTAIN SETBACKS (2) INSTALL LINES 24" ON CONTOUR

Comments/Conditions: (1) Tot-tite filter (2) Infiltrator chambers (3) Flow-Splitters used (4) Green foam sealant (5) 4" pvc caps over tru-flow splitters

INITIAL SITE SKETCH SCALE 1"=60'



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: Allison P. Thompson date 3-18-04 Installed by: Craig Thompson

Improvement Permit by: Christopher M. Shirrill, RS date 3-9-04 Operation Permit by: Christopher M. Shirrill, RS date 7-23-04

Authorization to Construct by: Christopher M. Shirrill, RS date 3-9-04 Existing System Inspection by: _____ date _____

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