IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 083685 PIN# 4863 30 2469 DATE 9-17-99

OWNER OR CONTRACTOR ROY SMYRE PHONE: Business _____ Home 546-2686

ADDRESS 434 MT. BETHEL ROAD, HARMONY, NC 28634

LOCATION I-77 NORTH, TR NC 901, TL CRATER RD, TR CARTWRIGHT RD, TL CHESHIRE RIDGE DR, LOT AT END ON (L)

SUBDIVISION ~~CHESHIRE RIDGE~~ BLOCK / SECTION II LOT 32/33 LOT AREA 1.24 ACRES (432) SITE CLASS PS DESIGN FLOW 240 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 10-26-99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 810 Linear Feet 270
No Lines THREE Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

✓ New System ☐ Repair System Type: I (II) III IV V VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: CONV. GRAV/PUMP
Maintenance Agreement Required: ☐ Yes ✓ No

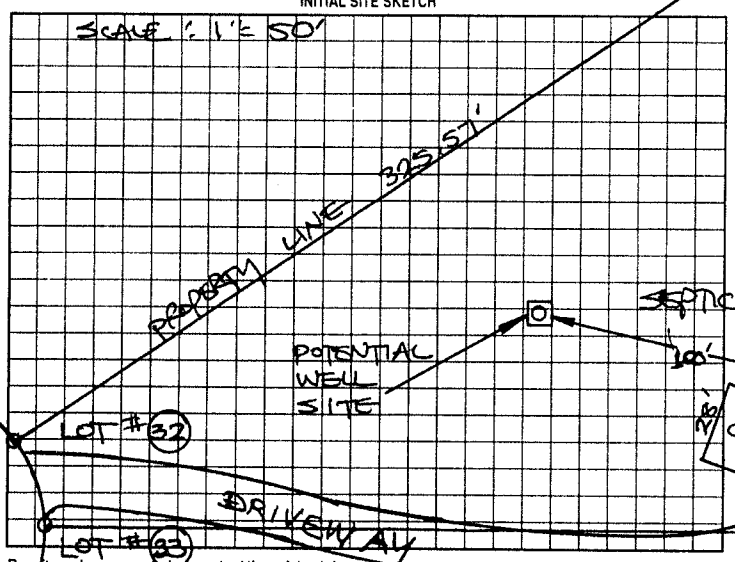
✓ House/Mod. Home No. Bedrooms 2
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☐ Crawl Space ✓ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ✓ Individual ☐ Public ☐ Community
WELL

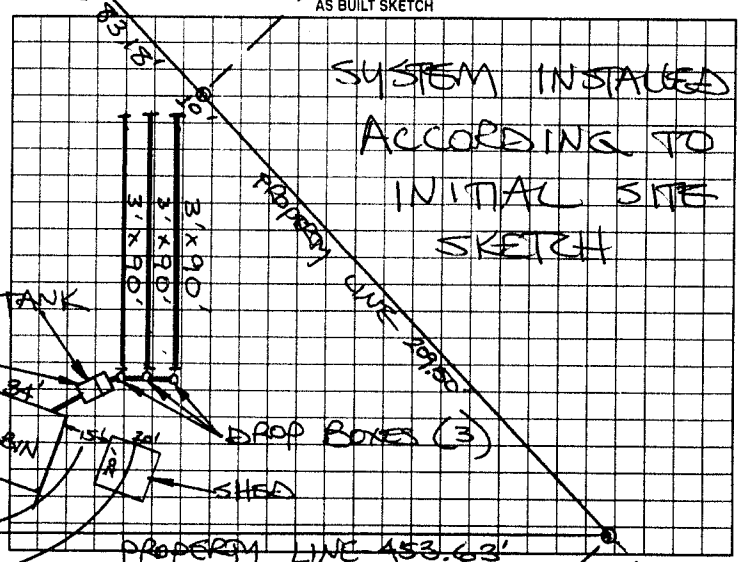
Comments/Conditions: ① KEEP SYSTEM MINIMUM 100 FEET FROM WELL ② INSTALL LINES ON CONTOUR AS FLAGGED, NO DEEPER THAN 24".

Comments/Conditions: SEPTIC TANK W/ RISERS INSTALLED USING "POLYLOK" FILTER

INITIAL SITE SKETCH



AS BUILT SKETCH



CWL-BE-SAC

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: + Ron Parsons date 9/17/99 Installed by: WES LYTTON

Improvement Permit by: STEVE HEDRICK date 9-17-99 Operation Permit by: STEVE HEDRICK date 2-17-00

Authorization to Construct by: STEVE HEDRICK date 9-17-99 Existing System Inspection by: _____ date _____

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