IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# REPAIR PIN# 4863-40-9152 DATE 1-2-2002

OWNER OR CONTRACTOR MIGUEL P. JACINTO PHONE: Business Home (704) 539-4622

ADDRESS 107 WHISPERING DRIVE HARMONY, NC 28634

LOCATION I-77N TR NC901, TL EAGLE MILLS RD, TL TRIVETTE RD (1ST) TR WHISPERING DR, 1ST MH ON LEFT

SUBDIVISION CHESHIRE KNOLL BLOCK / SECTION III LOT 33 LOT AREA 1.05 Ac SITE CLASS PS DESIGN FLOW 360 L.T.A.R. EXISTING

Septic Tank: EXISTING Gallons: STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No

Nitrification Field: No Fields 1 Square Feet EXISTING 400 Linear Feet 100'

No Lines ONE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description:

Repair System Description: 25% REDUCTION, GRAVITY

Maintenance Agreement Required: ☐ Yes ☐ No

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

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees

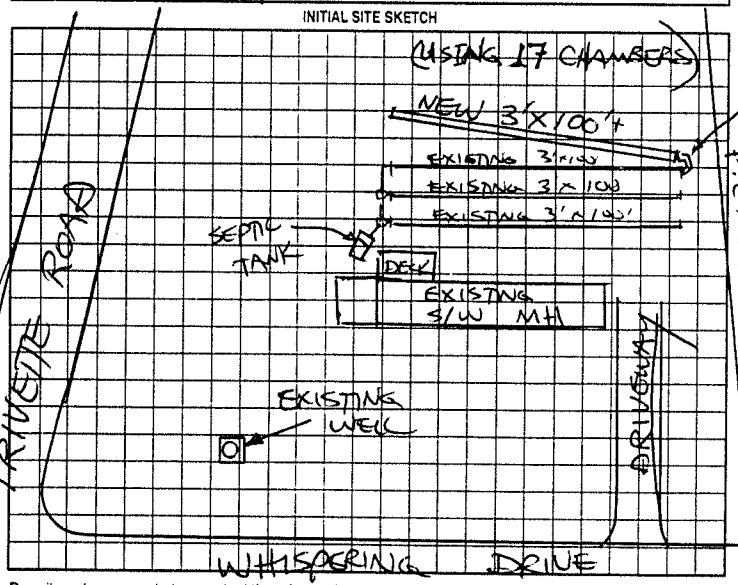
☐ Other

Water Supply: ☒ Individual ☐ Public ☐ Community WELL

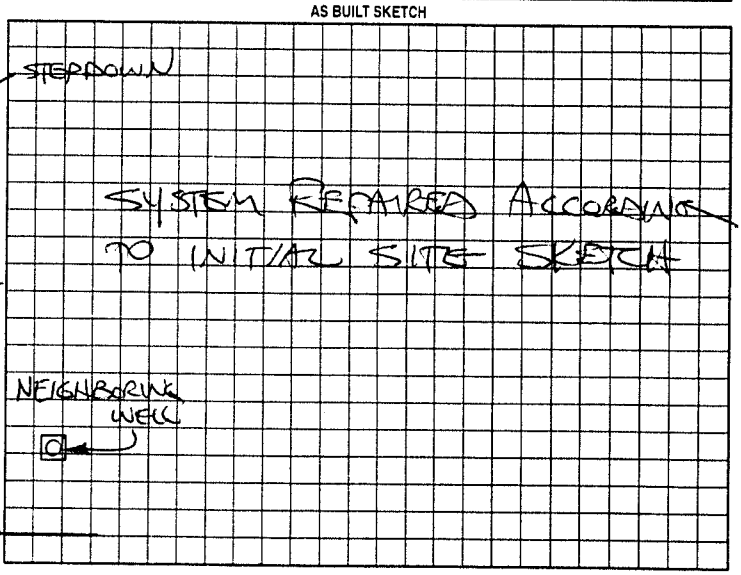
Comments:/Conditions: THIS PERMIT SERVES AS "NOTICE OF VIOLATION", SYSTEM TO BE REPAIRED BY FEBRUARY 2, 2002

Comments:/Conditions:

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: +MIGUEL JACINTO P. date 1-2-02 Installed by: STEVE JORDAN

Improvement Permit by: STEVE HEDRICK date 1-2-02 Operation Permit by: STEVE HEDRICK date 1-29-02

Authorization to Construct by: STEVE HEDRICK date 1-2-02 Existing System Inspection by: date

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