IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 080754 PIN# 4863 50 1089 DATE 4-29-99

OWNER OR CONTRACTOR KEITH L. REYNOLDS PHONE: Business 546-2613 Home

ADDRESS 111 WHITE DEER LANE, HARMONY, NC 28634

LOCATION I-77 N, TR NC 901, TL EAGLE MILLS RD, TL TRIVETTE RD (1ST), TR WHISPERING DR, 1ST LOT ON (R)

SUBDIVISION CHESHIRE RIDGE BLOCK / SECTION III LOT 15 LOT AREA 1.13 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons: STB 1012 Date 3-14-99
Pump Tank: Gallons: PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines FOUR Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: 25% REDUCTION GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

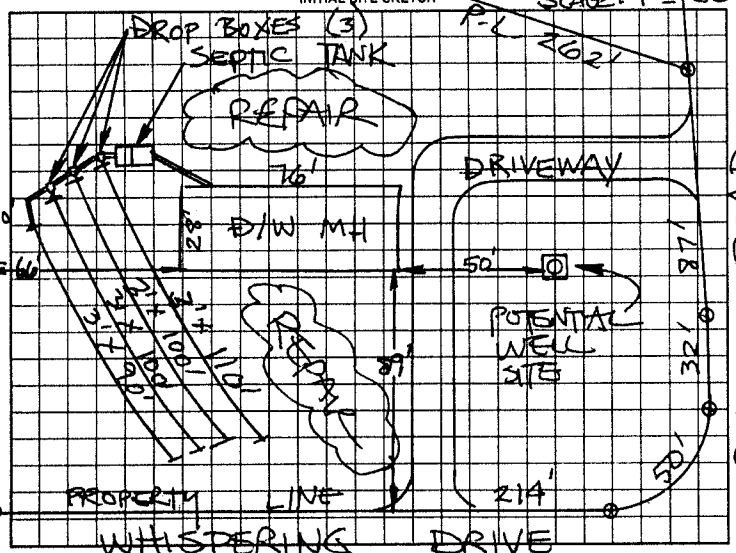
☐ House/Mod. Home No. Bedrooms 3
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other

Water Supply: ☐ Individual ☐ Public ☐ Community WELL

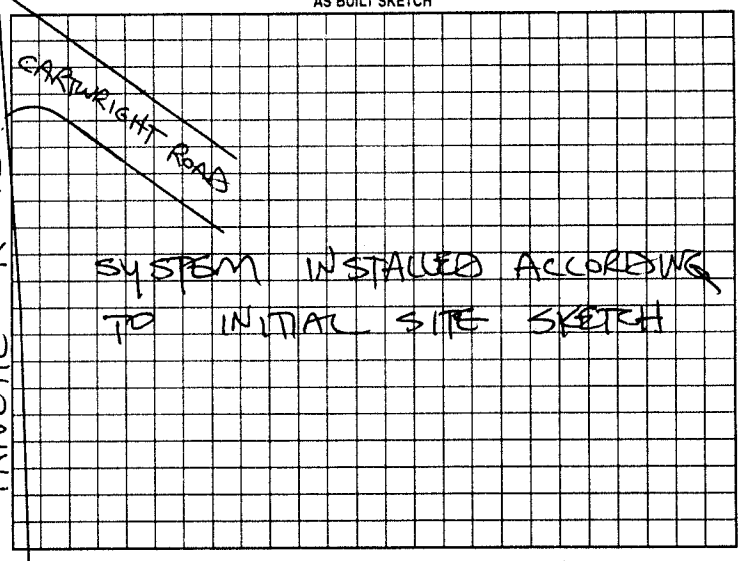
Comments/Conditions: KEEP SYSTEM MINIMUM 100 FEET FROM WELL

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

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 4-29-99 Installed by: A-1 BACKHOE

Improvement Permit by: STEVE HEDRICK date 4-29-99 Operation Permit by: STEVE HEDRICK date 5-3-99

Authorization to Construct by: STEVE HEDRICK date 4-29-99 Existing System Inspection by: _____ date _____

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