IREDELL COUNTY HEALTH DEPARTMENT

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

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

EXISTING

PERMIT# 110827 PIN# 4863-50-3962 DATE 01-14-03

OWNER OR CONTRACTOR REBECCA WEST PHONE: Business W 336-751-2183 Home 704-871-8895

ADDRESS P.O. BOX 186 HARMONY NC 28634

LOCATION US 21 N, TL NC 901, TR EAGLE MILL, TL TRIVETTE, TR WHISPERING PINE, 7TH LOT ON RT

SUBDIVISION CHESHIRE RIDGE BLOCK / SECTION III LOT 21 LOT AREA 1.02 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 6-24-00
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 60=1200' Linear Feet 300'+
No Lines 6 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth SAND 6"

☐ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: GRAV 250 RED
Repair System Description: GRAV 50% RED
Maintenance Agreement Required: ☐ Yes ☒ No

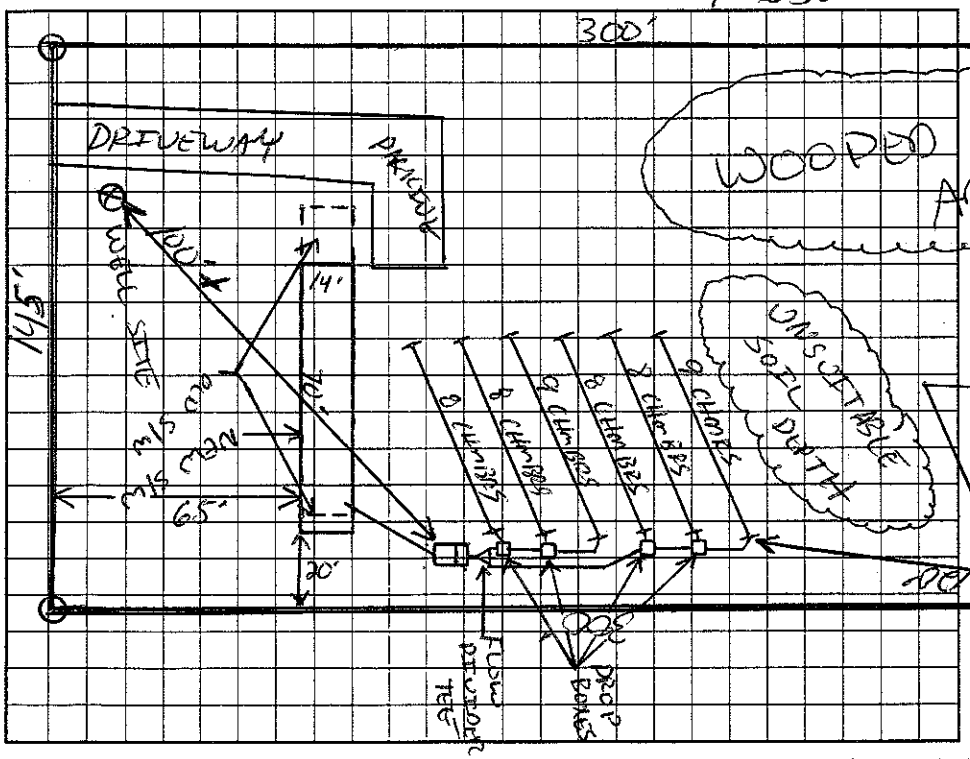
☐ House/Mod. Home No. Bedrooms 3
☒ Mobile Home SW No. Bathrooms 1
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community
WELL

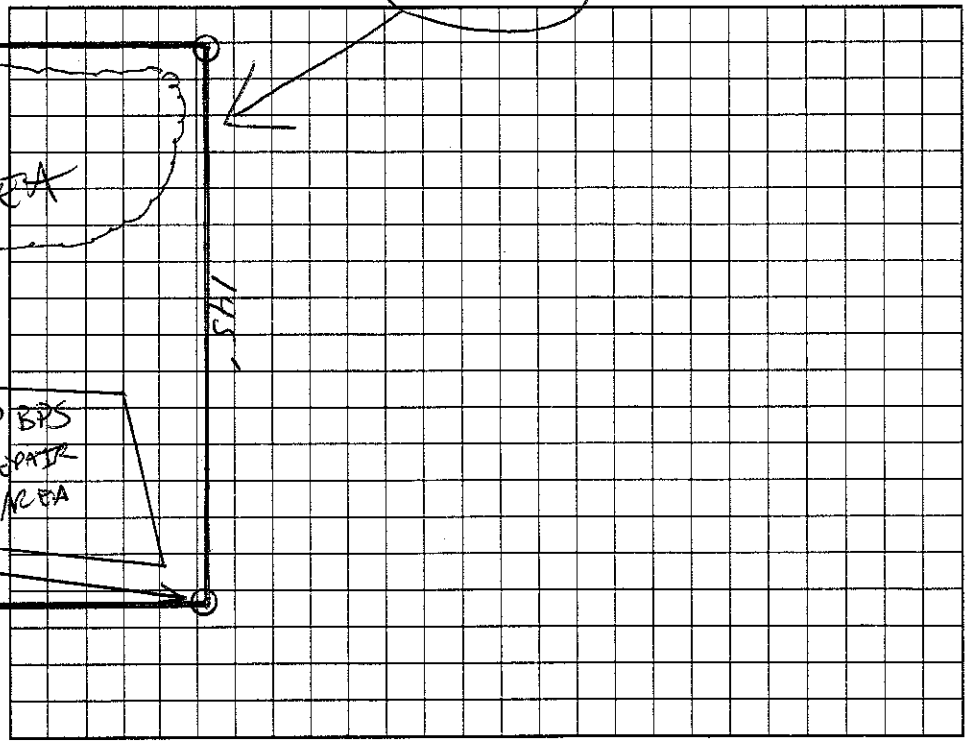
Comments:/Conditions: ① MAINTAIN 1/8" OF FALL PER FOOT ON SUPPLY LINE TO TANK TO HAVE ADEQUATE AMOUNT OF FALL. ② MAINTAIN SETBACKS

Comments:/Conditions: ③ REMOVING 3 BEDROOM & POTTING ON A 2 BEDROOM ④ NO SIGNS OF FAILURE @ TIME OF CHECK. ⑤ S/L NOT ON LOT @ TIME OF CHECK.

INITIAL SITE SKETCH 1" ≈ 50'



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: Rebecca West date ____ Installed by: UP RIGHT GRADING

Improvement Permit by: [signature] date 01-14-03 Operation Permit by: ____ date ____

Authorization to Construct by: [signature] date 01-14-03 Existing System Inspection by: [signature] PS date 01-14-03

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