IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT VOIDS PREVIOUS ISSUED 7-13-99

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

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

PERMIT# 082582 PIN# 4863 51 3087 DATE 8-11-99

OWNER OR CONTRACTOR BRENDA HICKS PHONE: Business Home 539-5375

ADDRESS P.O. BOX 483, HARMONY NC 28634

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

SUBDIVISION CHESHIRE RIDGE BLOCK / SECTION III LOT 22 LOT AREA 1.00 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 10.30 GPD/FT2

Septic Tank: 1000 Gallons; STB 1012 Date 6-14-99
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines FIVE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I II III IV V VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: CONV. GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 3
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

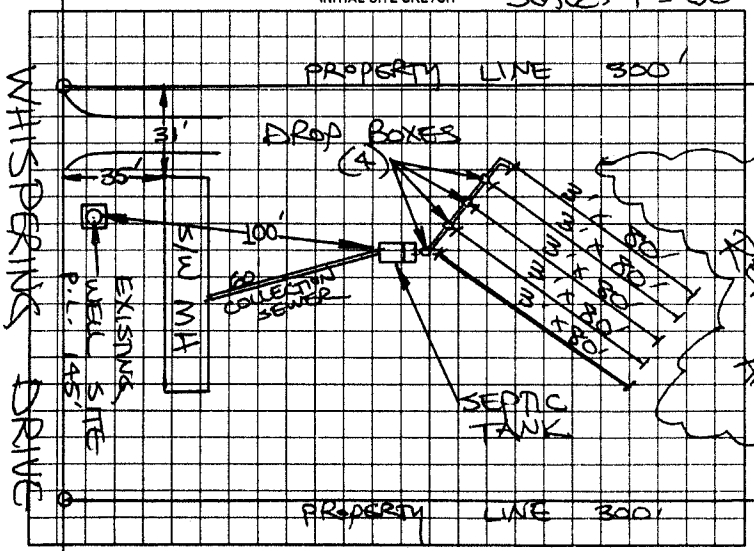
Water Supply: ☑ Individual ☐ Public ☐ Community WELL

NEAR END

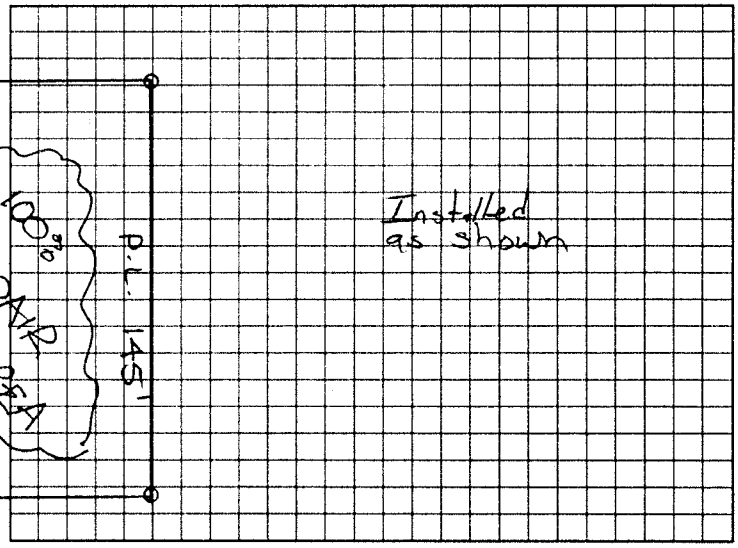
Comments/Conditions: KEEP SYSTEM MINIMUM 100 FEET FROM WELL

Comments/Conditions:

INITIAL SITE SKETCH SCALE: 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 _____ date 8-12-99 Installed by: Kenny Madison

Improvement Permit by: STEVE HEDRICK date 8-11-99 Operation Permit by: [illegible] date 8-19-99

Authorization to Construct by: STEVE HEDRICK date 8-11-99 Existing System Inspection by: _____ date _____

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