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# 4870 11 8155 DATE 4-24-01

OWNER OR CONTRACTOR THAD CARSON, JR PHONE: Business _____ Home (704) 876-2927

ADDRESS 292 GALLIHER RD, HARMONY NC 28634

LOCATION US 21 N, TL GALLIHER ROAD, 4TH HOUSE ON RIGHT AT BOX #292

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 115' x 300' 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 450 Linear Feet 150'

No Lines ONE 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: CONVENTIONAL, 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 1

☐ Business No. Employees _____

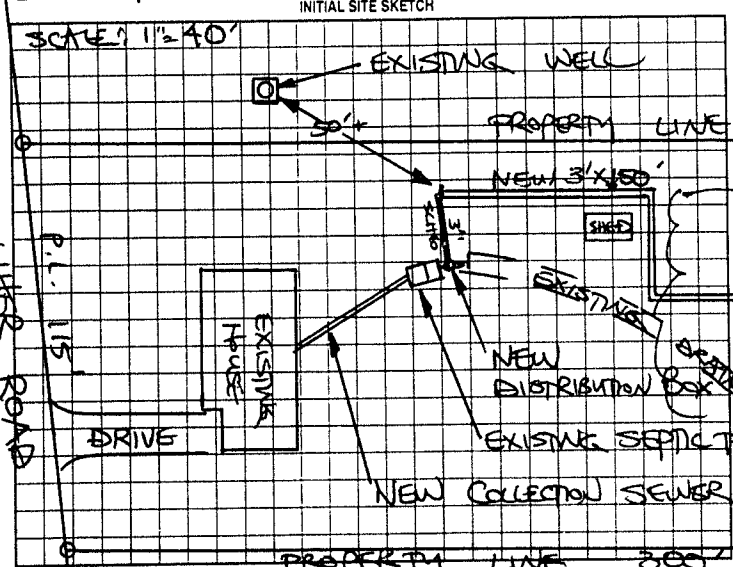
☐ Other _____

Water Supply: ☐ Individual ☑ Public ☐ Community

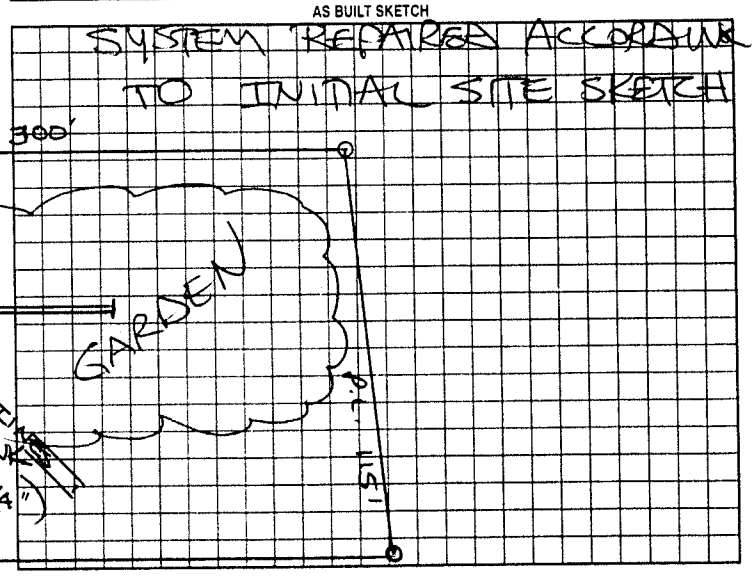
Comments:/Conditions: ① KEEP SYSTEM MINIMUM 50' FROM WELL ② REPLACE COLLECTION SEWER WITH 4" SCH 40 PVC ③ INSTALL NEW DISTRIBUTION BOX AS SHOWN ④ THIS PERMIT SERVES AS "NOTICE OF VIOLATION"

Comments./Conditions: NEW SANITARY TEE INSTALLED IN SEPTIC TANK.

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: Thad Carson Jr date 4-24-01 Installed by: SAMMY REAVIS

Improvement Permit by: STEVE HEDRICK date 4-24-01 Operation Permit by: STEVE HEDRICK date 5-16-01

Authorization to Construct by: STEVE HEDRICK date 4-24-01 Existing System Inspection by: _____ date _____

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