IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 095028 PIN# 4870 11 9612 (PT) DATE 3-22-01

OWNER OR CONTRACTOR RUTH GALLIHER PHONE: Business Home (704) 546-2212

ADDRESS 295 KIMMON ROAD, HARMONY, NC 28634

LOCATION US 21 NORTH, TL GALLIHER ROAD, AT END ON RIGHT

SUBDIVISION BLOCK / SECTION LOT LOT AREA 1.0 ACRE SITE CLASS PS DESIGN FLOW 240 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons: STB 1012 Date 11-2-00
Pump Tank: Gallons: PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 810 Linear Feet 270
No Lines THREE 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, PUMP
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

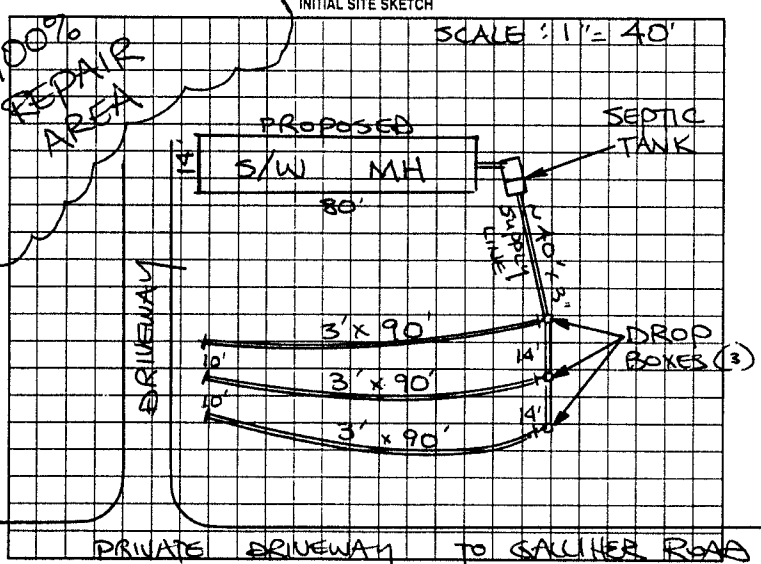
☐ House/Mod. Home No. Bedrooms 2
☑ Mobile Home No. Bathrooms 1
☐ Business No. Employees
☐ Other

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions: INSTALL LINES ON CONTOUR AS FLAGGED ON SITE

Comments/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "POLYLOK" FILTER

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE 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: Ruth Galliher date 3-22-01 Installed by: A-1 BACKHOE

Improvement Permit by: STEVE HEDRICK date 3-22-01 Operation Permit by: STEVE HEDRICK date 4-2-01

Authorization to Construct by: STEVE HEDRICK date 3-22-01 Existing System Inspection by: date

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