IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (C) MOORESVILLE 704-664-5281

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

PERMIT# 108172 PIN# 4870-14-1859 DATE 8-26-02

OWNER OR CONTRACTOR LEADER HOMES PHONE: Business 704-662-8436 Home 704-791-4553

ADDRESS 243 HICKORY GROVE RD, HARMONY NC 28634

LOCATION US 21 NORTH, TL TOMLIN RD, TL HICKORY GROVE RD, 0.5 MILE ON LEFT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.38 ACRES SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.40 (EXISTING)

Septic Tank: EXISTING Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No _____

Nitrification Field: No Fields 1 Square Feet 300 Linear Feet 100

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

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 2 No. Employees _____

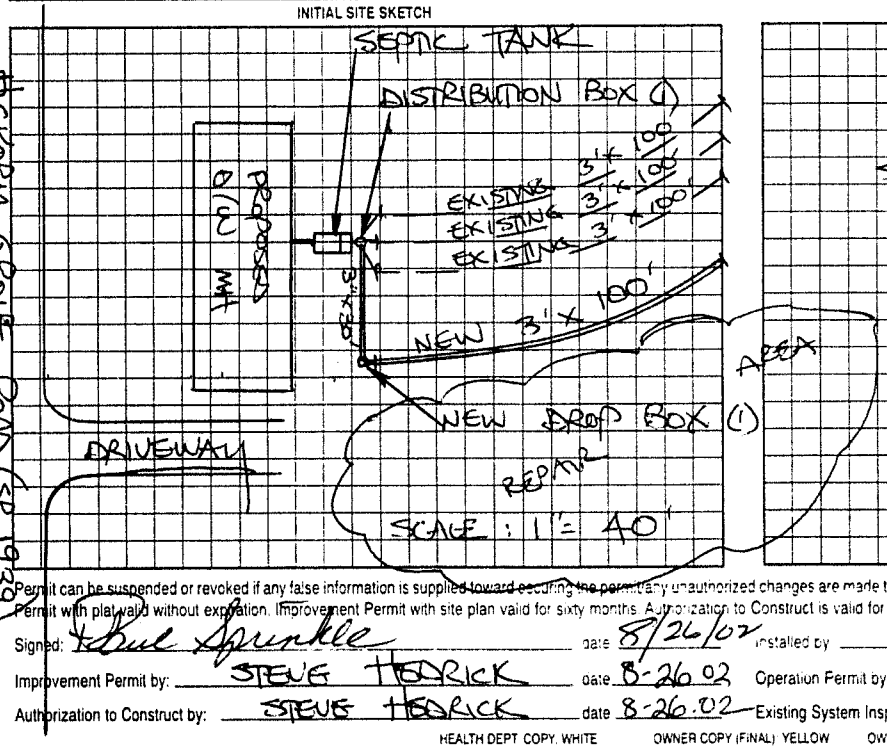
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments/Conditions:

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INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM EXPANDED 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: Paul Sprinkle date 8/26/02 Installed by BOB'S BACKHOE

Improvement Permit by: STEVE HENDRICK date 8-26-02 Operation Permit by: STEVE HENDRICK date 9-6-02

Authorization to Construct by: STEVE HENDRICK date 8-26-02 Existing System Inspection by: _____ date _____

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