IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 090138 PIN# 4870 24 2623 DATE 6-27-2000

OWNER OR CONTRACTOR KIP DORBINS PHONE: Business ____ Home 546-5636

ADDRESS P.O. Box 4, HARMONY, NC 28634

LOCATION US 21 North, TL TOMLIN ROAD, TL HICKORY GROVE RD, TL BUCKHEAD RD, 0.3 MILE on (R)

SUBDIVISION ____ BLOCK / SECTION ____ LOT ____ LOT AREA 1.50 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 gpd/sq ft

Septic Tank: 1000 Gallons; STB ____ Date 6-6-2000

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines FOUR Trench Width 36" Max Trench Bottom Depth 30" 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 ____

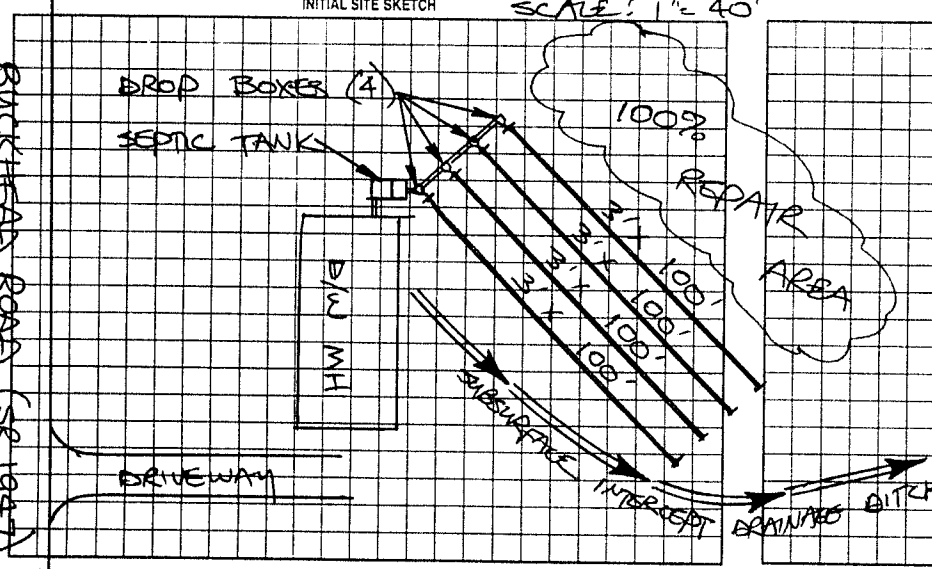
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ■ Public ☐ Community

Comments/Conditions: INSTALL SUBSURFACE INTERCEPT DRAINAGE DITCH AT LOCATION SHOWN BEGINNING 42 INCHES DEEP OUT TO DAYLIGHT.

Comments/Conditions:

INITIAL SITE SKETCH SCALE: 1" = 40'



AS BUILT SKETCH

Installed as shown

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: Kip Dorbins date 6-27-2000 Installed by: Kenny Madison

Improvement Permit by: STEVE HEDRICK date 6-27-2000 Operation Permit by: Mark C. Jones date 7-11-00

Authorization to Construct by: STEVE HEDRICK date 6-27-2000 Existing System Inspection by: ____ date ____

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