IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (2) MOORESVILLE 704-664-5281

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

PERMIT# HARMONY 129267 PIN# PART OF 4870-57-8529 (8529) 8652 DATE 4-22-05

OWNER OR CONTRACTOR TWIN RIVERS CAPITAL, LLC PHONE: Business 843-722-9925 Home 843-259-1144

ADDRESS 263-D KING STREET, CHARLESTON, SC 29401

LOCATION US 21 NORTH, 3RD TRACT ON RIGHT PAST NC 901 IN HARMONY

SUBDIVISION JW Robertson Tract BLOCK / SECTION ____ LOT 1 LOT AREA 1.04 ACRES SITE CLASS. PS DESIGN FLOW 550 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 760 Date 4-18-05

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet ~1800 Linear Feet 600

No Lines SIX 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: 25% REDUCTION, GRAVITY W/ 918 SF. REMAIN W/50% FLOW REDUCTION

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms ____

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other

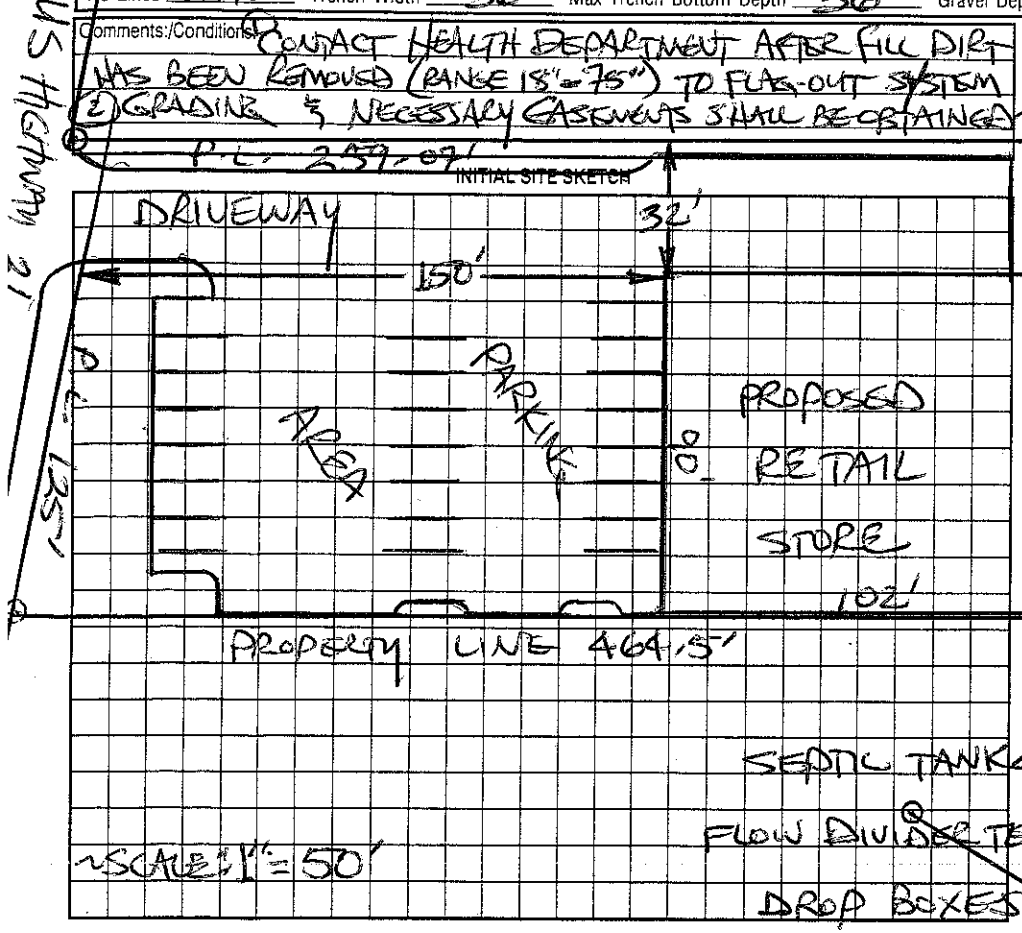
☒ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

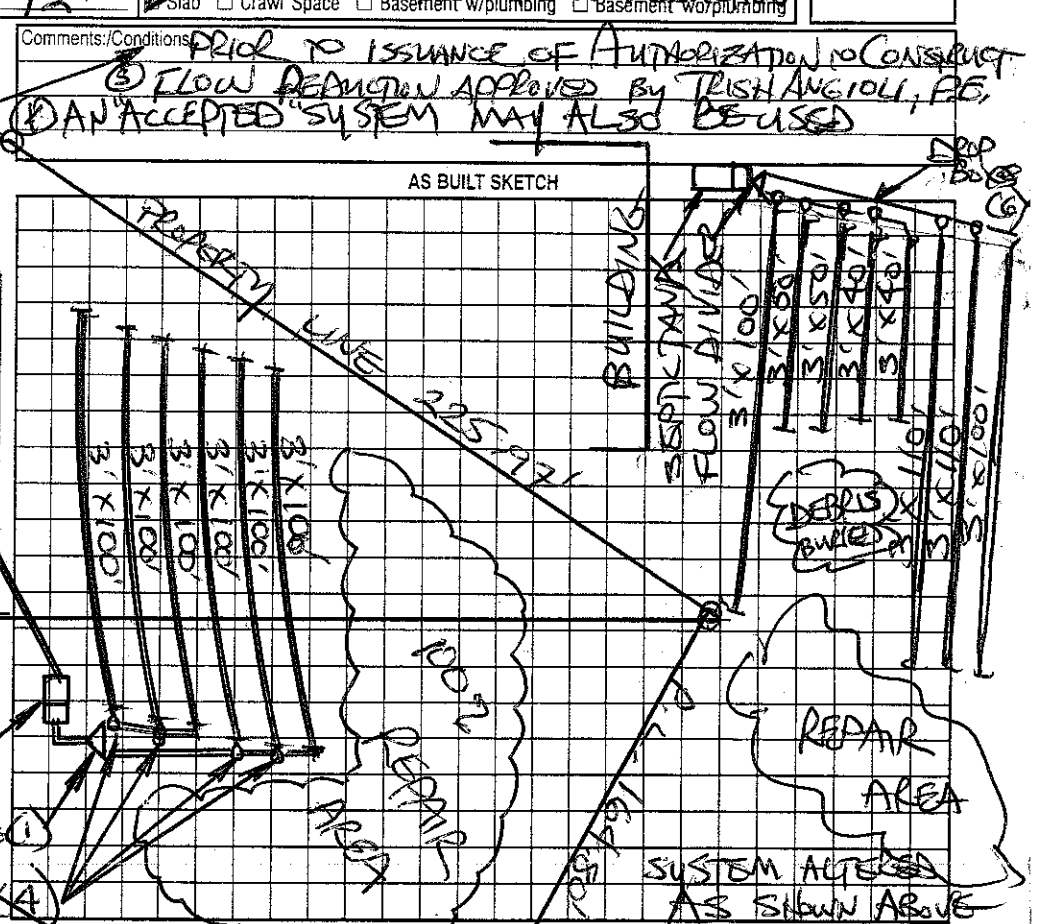
Comments:/Conditions: (1) CONTACT HEALTH DEPARTMENT AFTER FILL DIRT WAS BEEN REMOVED (RANGE 18"-75") TO FLAG-OUT SYSTEM (2) GRADING & NECESSARY EASEMENTS SHALL BE OBTAINED

Comments:/Conditions: (3) PRIOR TO ISSUANCE OF AUTHORIZATION TO CONSTRUCT (3) FLOW REDUCTION APPROVED BY TRISH ANGIOLI, P.E. (4) AN "ACCEPTED" SYSTEM MAY ALSO BE USED

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: [signature] date 4-29-05 Installed by: BRENT GALLIHER 9-1-05

Improvement Permit by: STEVE HEDRICK date 4-22-05 Operation Permit by: STEVE HEDRICK date 9-1-05

Authorization to Construct by: STEVE HEDRICK date 7-21-05 Existing System Inspection by: ____ date ____

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