IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# HARMONY PIN# 4870-78-2578.000 DATE 2/3/04

OWNER OR CONTRACTOR TODD AND TAMMY GOODIN PHONE: Business _____ Home 704-546-5887

ADDRESS 107 DALMATION LANE HARMONY 28634

LOCATION 2IN (R) HIGHLAND AV. BEARS TO (L) ON DALMATION LN. @ END PATS BEAUTY SHOP

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA .63 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3 GPD/FT²

EXISTING

Septic Tank: 1500 Gallons; STB 780 Date 4-14-93
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1620 Linear Feet 540
No Lines 6 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, (II), III, IV, V, VI
System Description: CONV. GRAVITY
Repair System Description: PUMP 25% REDUCTION
Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

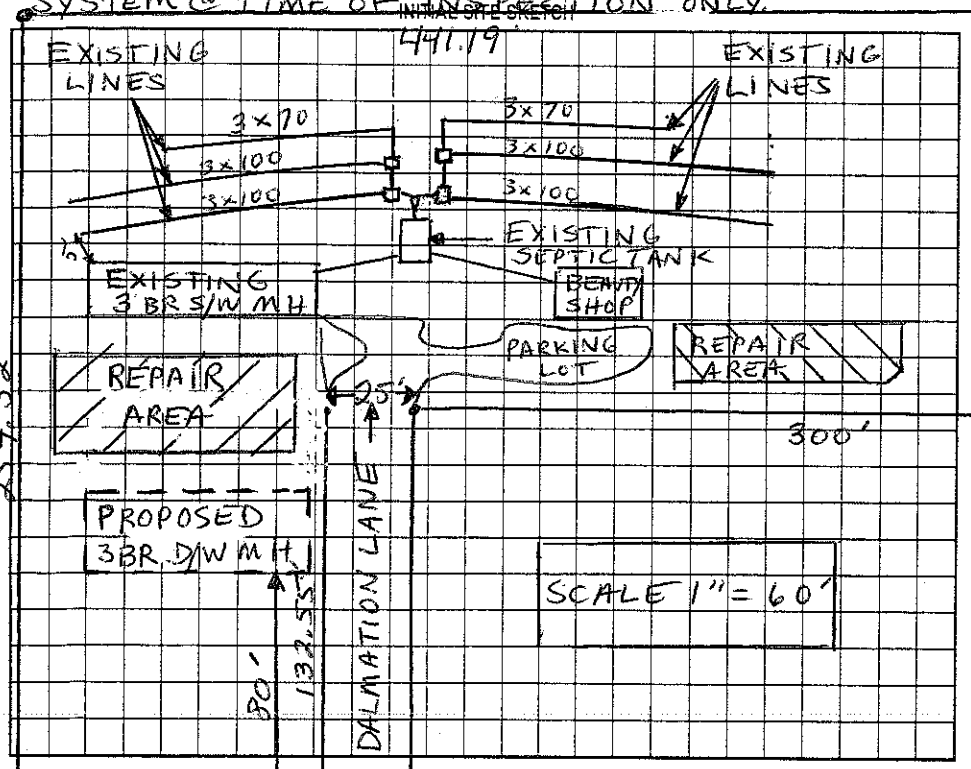
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☑ Community

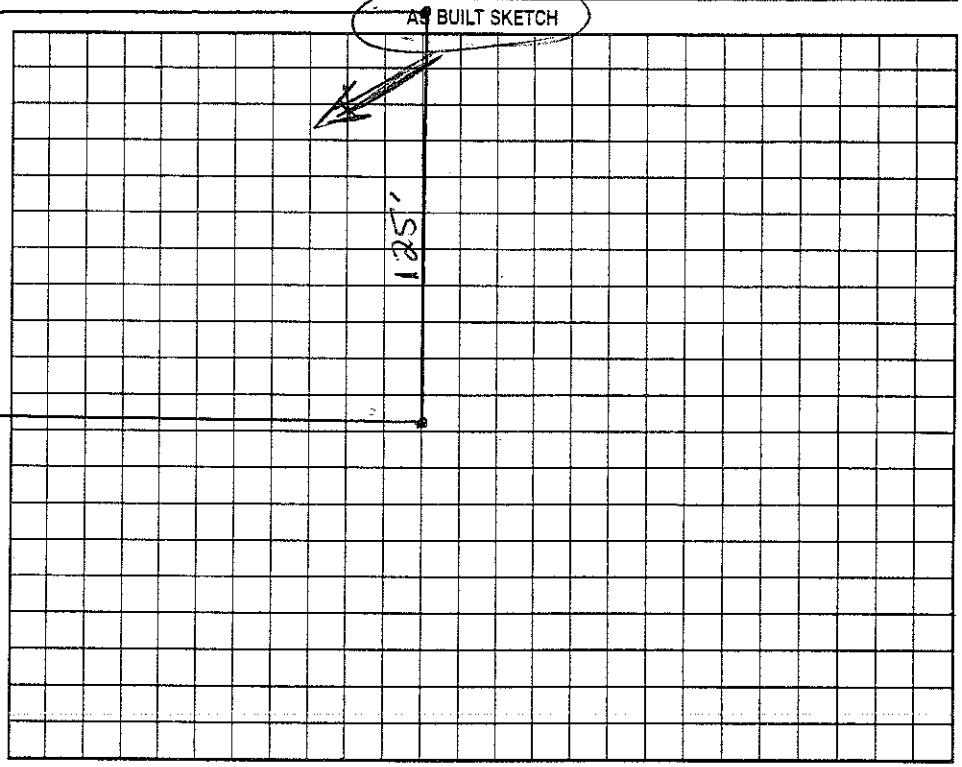
Comments:/Conditions: (1) SYSTEM FUNCTIONING PROPERLY @ TIME OF INSPECTION (2) NEW STRUCTURE SHALL NOT INCREASE THE # BEDROOM ON SYSTEM (3) OLD MH STRUCTURE MUST BE DISCONNECTED/REMOVED FROM PROPERTY (4) INSPECTION DESCRIBES SYSTEM @ TIME OF INSPECTION ONLY.

Comments:/Conditions:

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: _____ date 2-9-04

Improvement Permit by: _____

Authorization to Construct by: _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: Christopher M. Stanley, RS date 2/3/04

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