IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 079786 PIN# 4870 96 1703 DATE 4-1-99

OWNER OR CONTRACTOR JAMES GALLIHER PHONE: Business Home 546-2396

ADDRESS 203 GUILFORD ROAD, HARMONY, NC 28634

LOCATION US 21 N, TR NC 901, TL PETE LANE N 800 FEET BACK ON LEFT

SUBDIVISION BLOCK / SECTION LOT LOT AREA 4.5 ACRES SITE CLASS PS DESIGN FLOW 600 L.T.A.R 0.35 GPD/FT²

Septic Tank: 1500 Gallons; STB 339 Date 7-17-99
Pump Tank: Gallons; PT Date
Pump Make: Model: Serial No
Nitrification Field: No Fields 1 Square Feet eq. to 1714 Linear Feet 430±
No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" Depth 30" TO 6"

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

☑ House/Mod. Home No. Bedrooms 5
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees
☐ Other

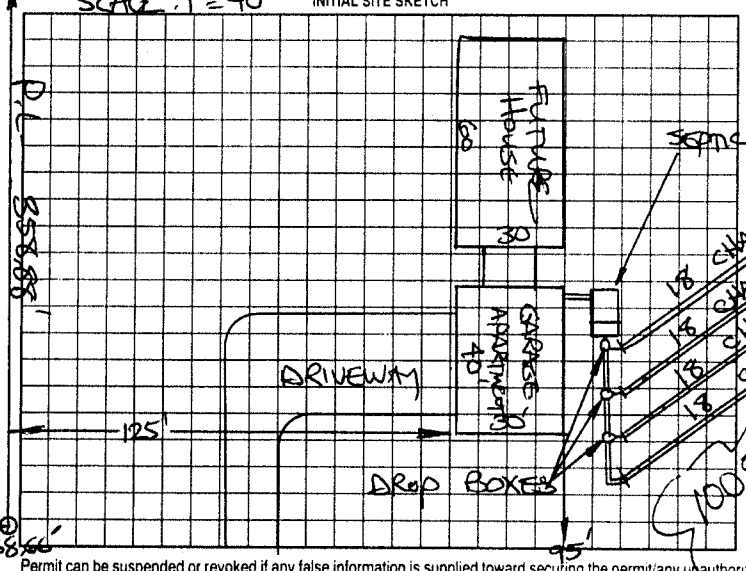
☑ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☑ Public
☐ Community

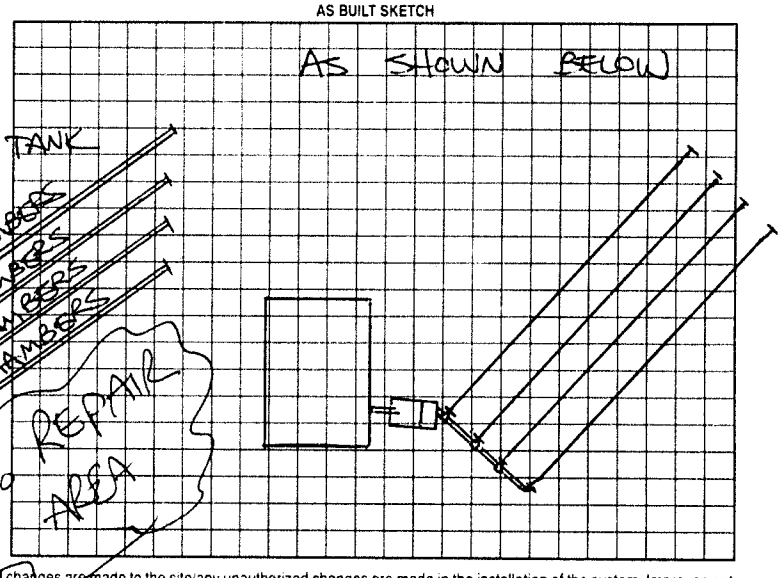
Comments/Conditions: INSTALL SEVENTY-TWO (72) CHAMBERS IN FOUR EQUAL LENGTH LINES ON CONTOUR

Comments Conditions: SEPTIC TANK WITH RISERS INSTALLED USING "POLYLOK" FILTER

SCALE: 1"=40' 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 4-1-99 Installed by: BRENT GALLIHER

Improvement Permit by: STEVE HEDRICK date 4-1-99 Operation Permit by: STEVE HEDRICK date 12-8-99

Authorization to Construct by: STEVE HEDRICK date 4-1-99 Existing System Inspection by: date

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