IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 120373 PIN# 4871-20-3780 DATE 5-11-04

OWNER OR CONTRACTOR Dennis & Karen Howard PHONE: Business _____ Home (704) 546-7843

ADDRESS 323 W. Memorial Hwy Harmony NC 28634

LOCATION 21N Left Hwy 901 1/2 mi on Left behind log house 323 W. Memorial Hwy

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.93 SITE CLASS. _____ DESIGN FLOW _____ / L.T.A.R. Existing

Septic Tank: Existing Gallons; STB _____ Date _____
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet _____ Linear Feet Ex.
No Lines 3 Exist Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

☐ New System ☐ Repair System Type: I, (II), III, IV, V, VI
System Description: Con. Gravity
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 2
☑ Mobile Home No. Bathrooms 1
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

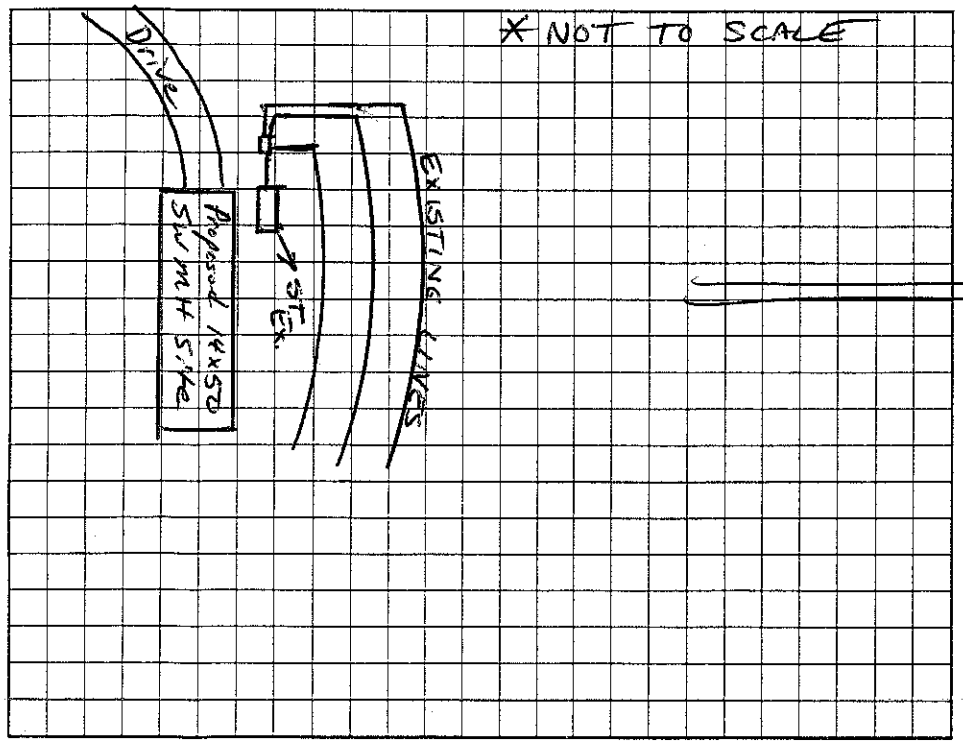
Water Supply:
☐ Individual
☑ Public
☐ Community

Comments:/Conditions:

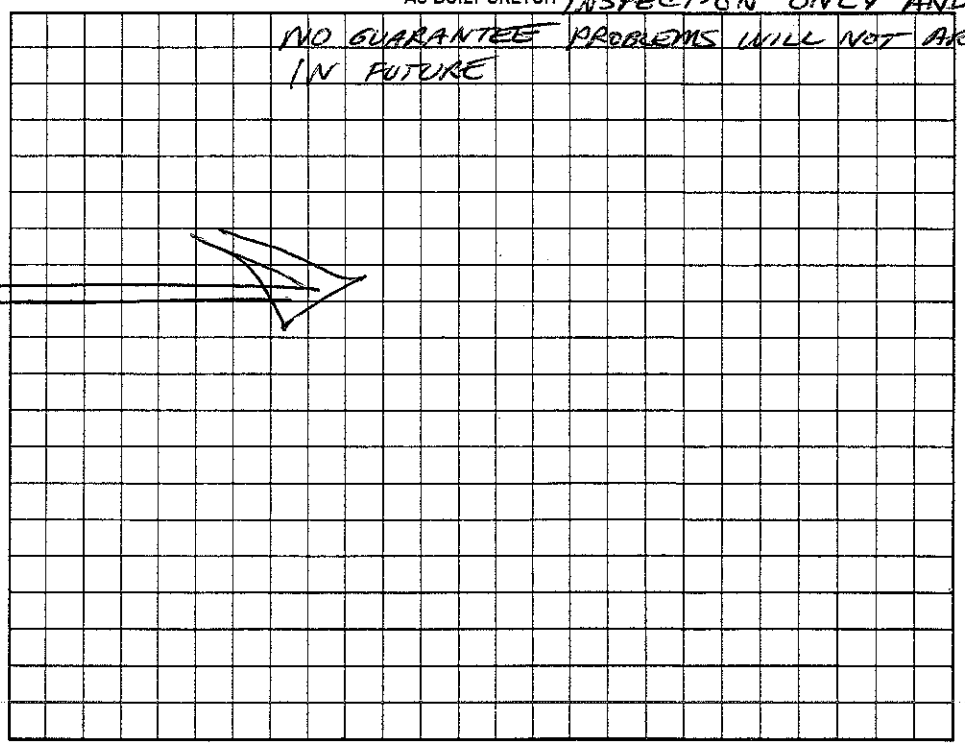
Comments:/Conditions: (1) SYSTEM FUNCTIONING PROPERLY AT TIME OF INSPECTION (2) PERMISSION GIVEN TO CONSTRUCT PROPOSED STRUCTURE TO EXISTING SYSTEM (3) STRUCTURE SHALL NOT INCREASE ~~NO.~~ NUMBER OF BEDROOMS ON SYSTEM (4) THIS IS A VISUAL INSPECTION ONLY AND NO GUARANTEE PROBLEMS WILL NOT ARISE IN FUTURE

INITIAL SITE SKETCH

X NOT TO SCALE



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: Jerry W. McClaugherty date 5-16-04 Installed by: Tommy FRYE

Improvement Permit by: _____ date _____ Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: Christopher M. Smith, PS date 5-11-04

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