IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 137499 PIN# 4871218408 DATE 9-11-06

OWNER OR APPLICANT Bobby Anderson PHONE: Business ______ Home 704-546-2273

ADDRESS 239 Linder Road Harmony NC 28634

LOCATION 21W (L) 901 1 mile in on Right 1/8 up Road

SUBDIVISION Davis Farm BLOCK / SECTION ______ LOT 17 LOT AREA .478 SITE CLASS. ______ DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 10-12 Date 9-4-06

Pump Tank: ______ Gallons; PT ______ Date ______

Pump Make: ______ Model ______ Serial No. ______

Nitrification Field: No Fields ______ Square Feet 1440 Linear Feet 360

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: 25% Gravel

Repair System Description: 50% Conv Pres

Maintenance Agreement Required: ☐ Yes ☐ No

Gravel Depth N4 ☑ Gravity ☐ Pressure

☐ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other ______

No. Bedrooms 3 No. Persons ______ No. Employees ______

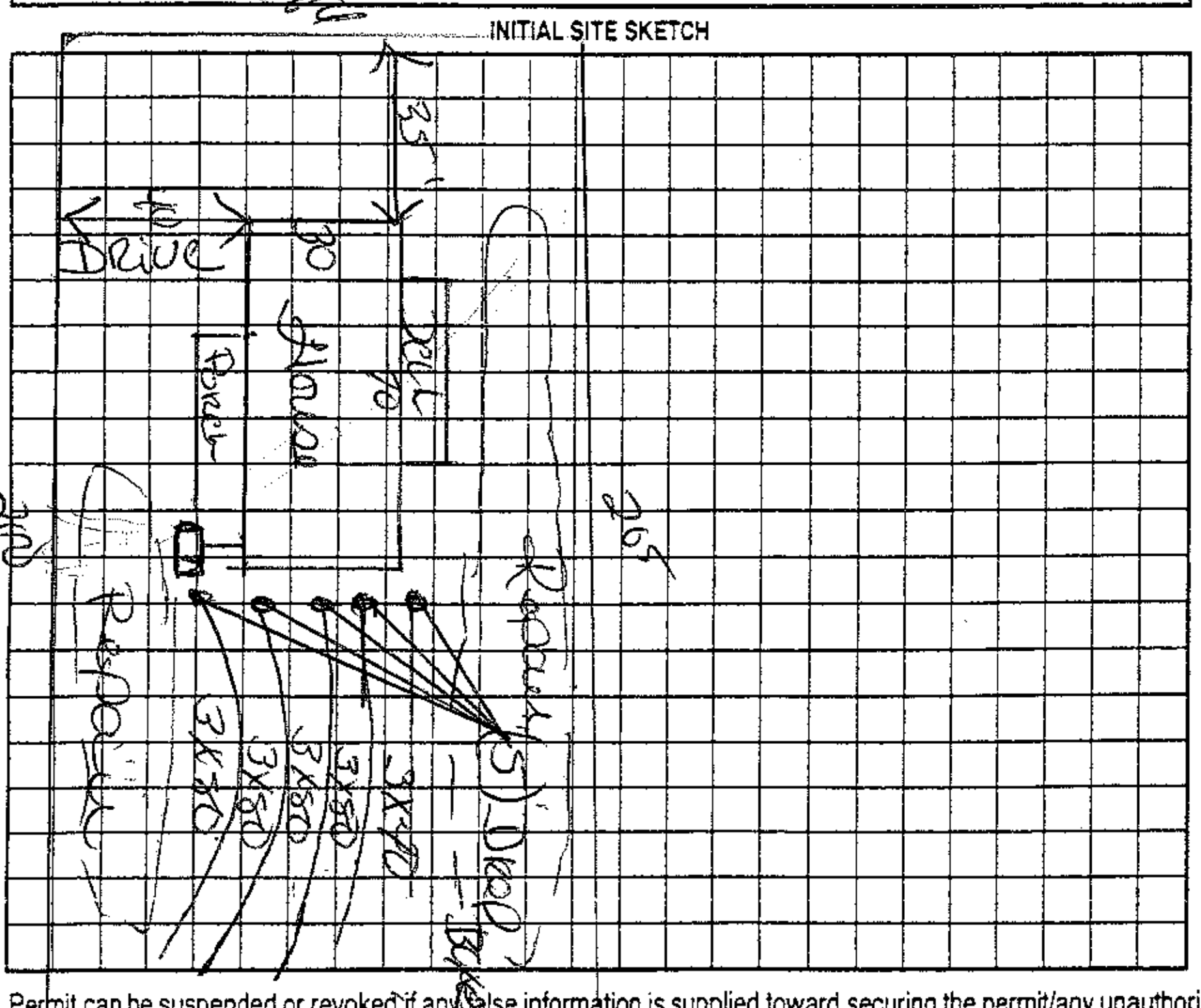
Water Supply: ☐ Individual ☑ Public ☐ Community

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

Comments:/Conditions:

Comments:/Conditions: Install on Contour Maintain all setbacks Shave Farm Terrace off

INITIAL SITE SKETCH



AS BUILT SKETCH

Yellow top tile

901

PB 11-38

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: Rick Anderson date 9-11-06

Improvement Permit by: Kelly Cook date 9-11-06

Authorization to Construct by: Kelly Cook date 9-11-06

Installed by: Craig Thompson

Operation Permit by: Kelly Cook date 3-2-07

Existing System Inspection by: ______ date ______

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