IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 133106 PIN# 4871425292 DATE 1-17-06

OWNER OR CONTRACTOR Freedom Homes PHONE: Business 704 433 1828 Home 704 528 7960

ADDRESS 126 Rabbit Hwy, Harmony

LOCATION Harmony Hwy, left on Little Wilkesboro, right on Rabbit Hwy, on the right

SUBDIVISION Harmony Country Estates BLOCK / SECTION ____ LOT 44-45 LOT AREA 1.426 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 760 Date 9-27-06
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4 Trench Width 100 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: Conventional Pump
Maintenance Agreement Required: ☐ Yes ☒ No

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

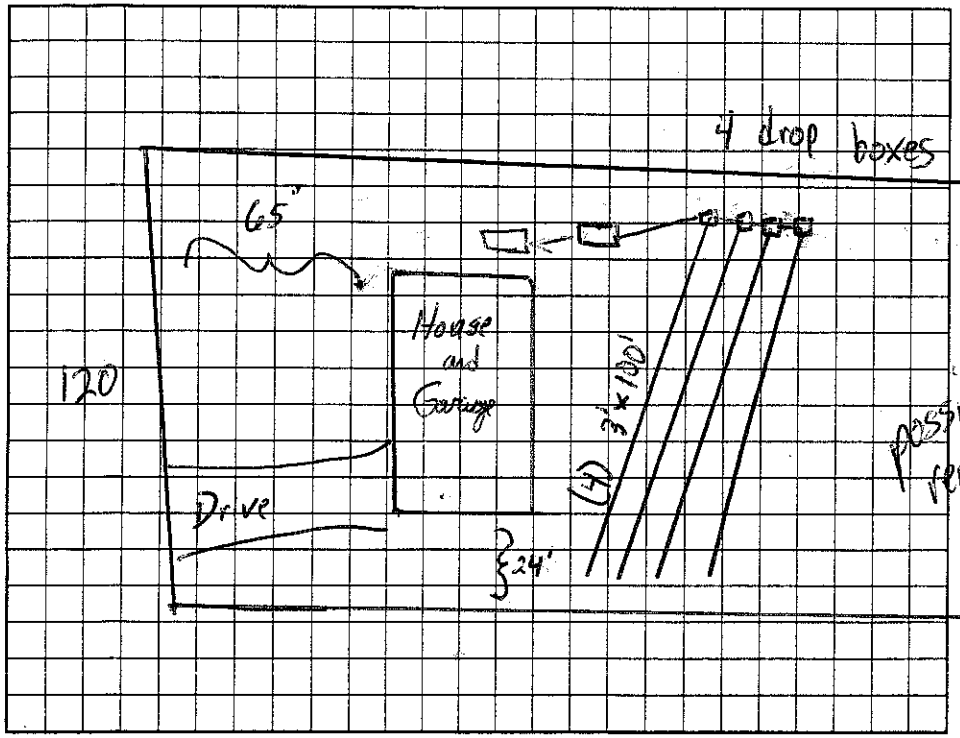
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

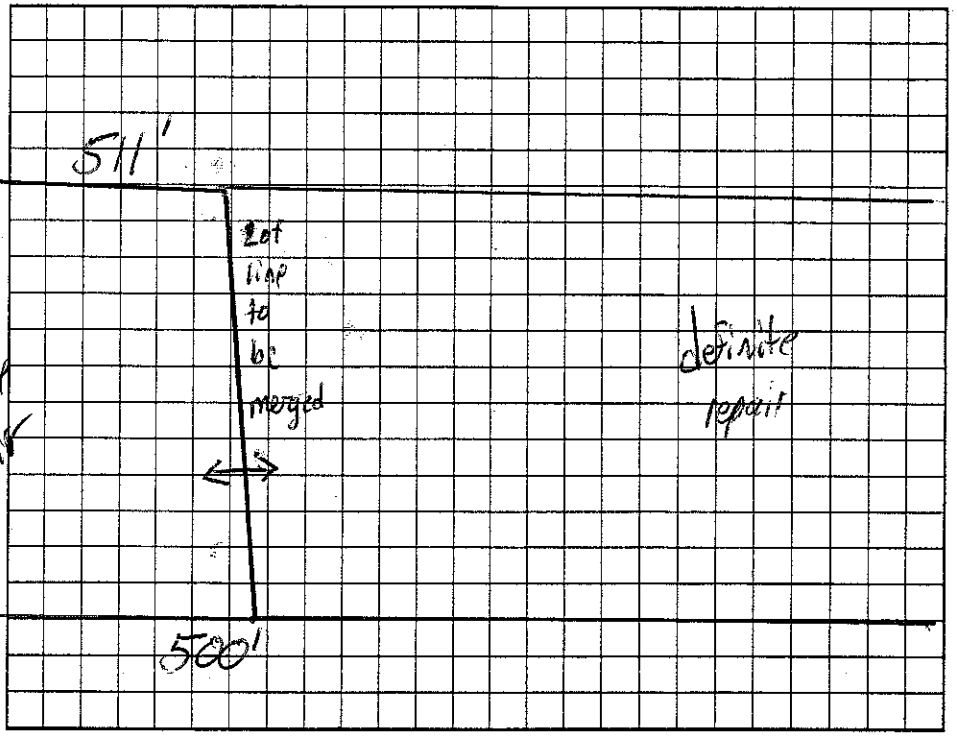
Comments:/Conditions: An approved system may be used

Comments:/Conditions: Red Filter no risers

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: Brenda Lyons date 2-20-06 Installed by: Abee Grading

Improvement Permit by: James Stamey date 1-17-06 Operation Permit by: James Stamey date 2-24-06

Authorization to Construct by: James Stamey date 1-17-06 Existing System Inspection by: ____ date ____

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