CI

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 102277 PIN# 4871-61-9925 DATE 9.19.01

OWNER OR CONTRACTOR ADELL McHUGH (63) PHONE: Business Home 704-546-7267

ADDRESS 3470 HARMONY HWY HARMONY NC 28634

LOCATION US 21 N, ON LEFT PAST HAMES STREET (HARMONY) ACROSS FROM BOX # 3571

SUBDIVISION BLOCK / SECTION LOT LOT AREA 3.8 ACRES SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons: STB 1012 Date 7.24.01
Pump Tank: Gallons: PT Date
Pump Make: Model Serial No.
Nitrification Field: No. Fields 1 Square Feet 1600 Linear Feet 533
No. Lines FOUR Trench Width 36" 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 GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

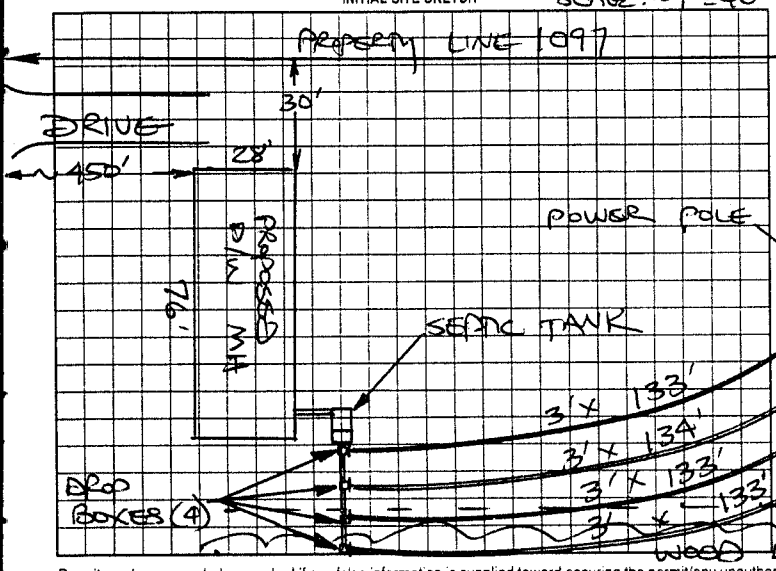
☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Bathrooms 2 No. Employees

Water Supply: ☐ Individual ☑ Public ☐ Community

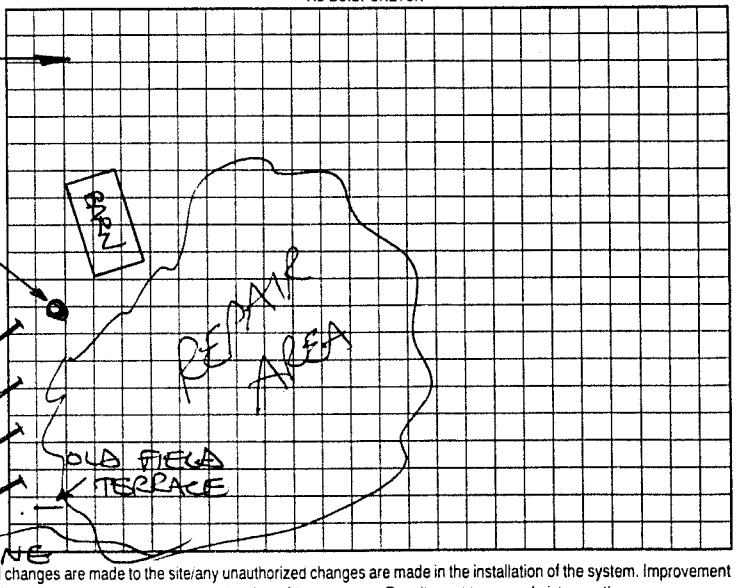
Comments/Conditions: GRADE OUT OLD FIELD TERRACE PRIOR TO INSTALLING DRAINFIELD.

Comments/Conditions POLYLOK FILTER & MARKER INSTALLED AS SHOWN

INITIAL SITE SKETCH SCALE: ~ 1" = 40'



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: X Adell E McHugh date 9-19-01

Improvement Permit by: STEVE HEDRICK date 9-19-01

Authorization to Construct by: STEVE HEDRICK date 9-19-01

Installed by: A-1 GRADING

Operation Permit by: [signature] RS date 10-11-01

Existing System Inspection by: date

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