IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 072358 PIN# 4872 06 7994 DATE 5-29-98

OWNER OR CONTRACTOR BOB FROMME PHONE: Business (704) 344-6126 Home 539-4908

ADDRESS 204 CORNWALL ROAD, HARMONY, NC 28634

LOCATION I-77 N, TR NC 901, TL EAGLE MILL ROAD, TR YORK SPANN ROAD, ON RIGHT AT # 151

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.40 GPD/FT²

Septic Tank: 1000 Gallons; STB 620 Date 7-5-96
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines THREE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

[X] New System [ ] Repair System Type: [ ] I [X] II, IV, V, VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: CONV. GRAVITY
Maintenance Agreement Required: [ ] Yes [X] No
[ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement w/o plumbing

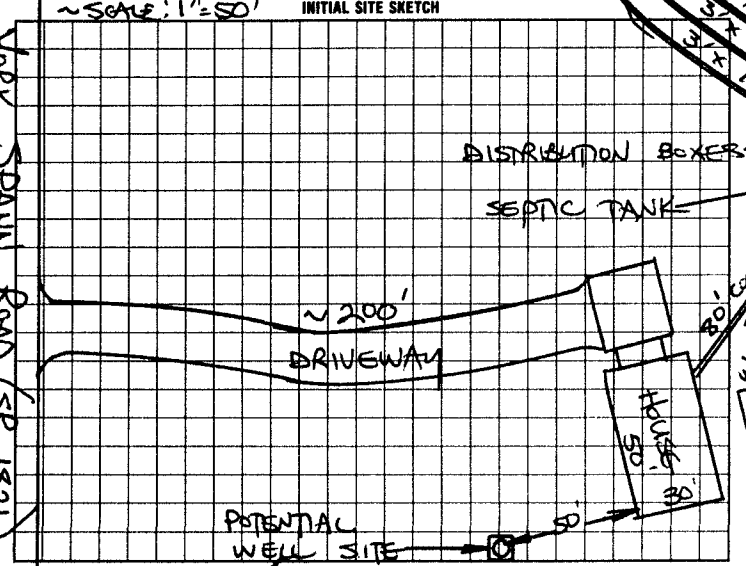
[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 3
[ ] Business No. Employees _____
[ ] Other _____

Water Supply: [X] Individual [ ] Public [ ] Community
WELL

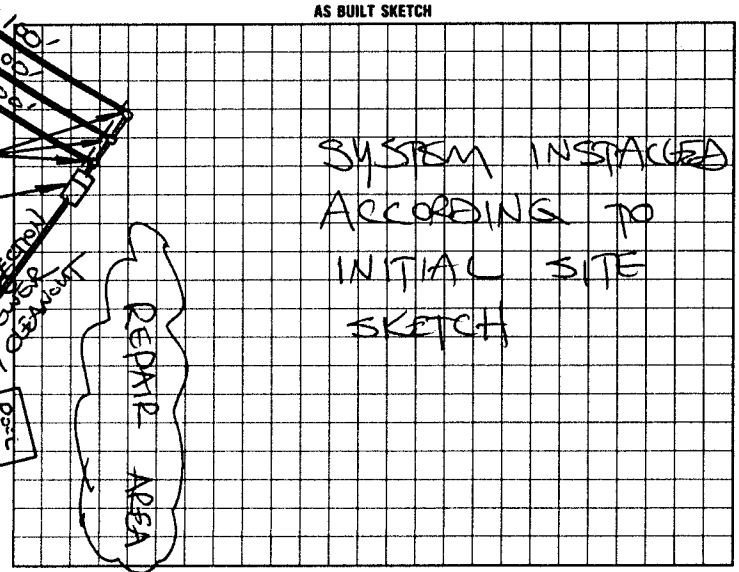
Comments:/Conditions:

Comments:/Conditions:

~SCALE: 1"=50' INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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: _____ date 052898 Installed by: TOMMY NIXON

Improvement Permit by: STEVE HEDRICK date 5-29-98 Operation Permit by: STEVE HEDRICK date 6-7-99

Authorization to Construct by: STEVE HEDRICK date 5-29-98 Existing System Inspection by: _____ date _____

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