# IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (C1) MOORESVILLE 704-664-5281

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

PERMIT# 112102 PIN# 4880-15-~~H58~~1102 DATE 4-22-03

OWNER OR CONTRACTOR CLIFTON R. CAMPBELL PHONE: Business 704-876-1254 Home 704-546-2474

ADDRESS 386 E. MEMORIAL HWY, HARMONY, NC 28634

LOCATION US 21 NORTH, TR NC 901, 1.0 MILE ON RIGHT BEHIND BOX # 386

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.00 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GAD/FT2

Septic Tank: 1000 Gallons; STB 760 Date 12-28-02
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
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~~

☐ House/Mod. Home ☑ ~~Mobile Home~~ ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

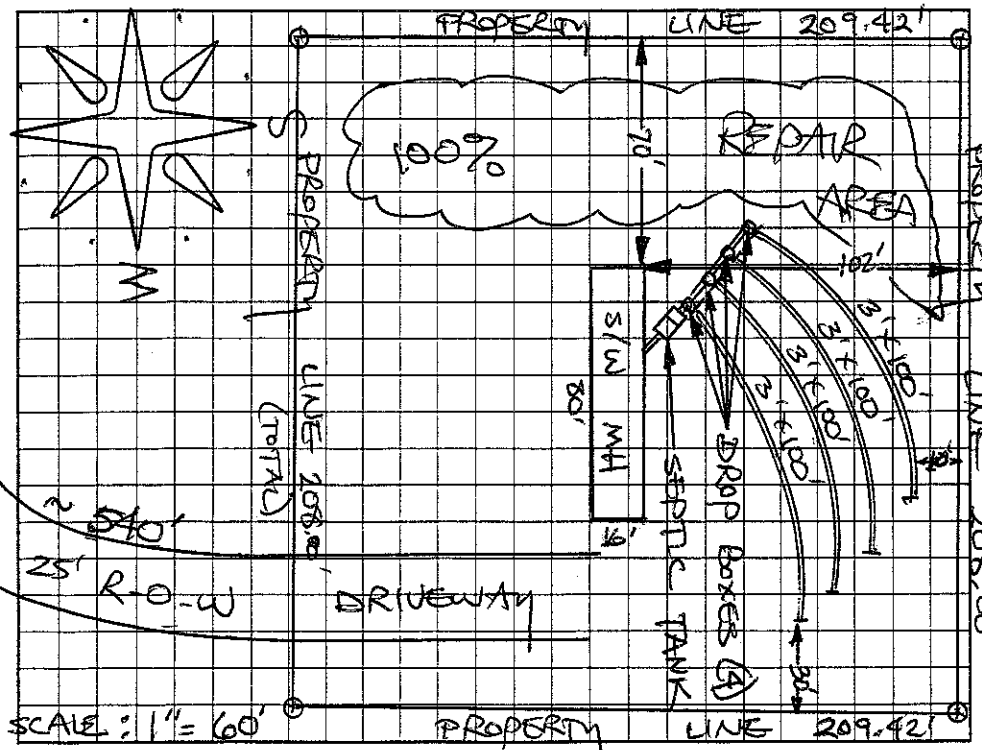
Water Supply: ☐ Individual ☑ ~~Public~~ ☐ Community

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

Comments:/Conditions:

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INITIAL SITE SKETCH




AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE 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: CR Campbell date 4.22.03 Installed by: BRENT GAULTER

Improvement Permit by: STEVE HEDRICK date 4-22-03 Operation Permit by: STEVE HEDRICK date 5-9-03

Authorization to Construct by: STEVE HEDRICK date 4-22-03 Existing System Inspection by: _____ date _____

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