IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# REPAIR PIN# 4881-05-8186 DATE 11-20-02

OWNER OR CONTRACTOR JIMMY L. REAVIS PHONE Business _____ Home 704-546-2314

ADDRESS 249 POWELL ROAD, HARMONY NC 28634

LOCATION US 21 N, TR POWELL BRIDGE ROAD, 0.5 MILE ON LEFT AT BOX # 249

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 18.02 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. EXISTING N 0.3

Septic Tank: 1000 Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No _____

Nitrification Field: No Fields I Square Feet 990 Linear Feet 330

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: _____

Repair System Description: CONVENTIONAL, GRAVITY

Maintenance Agreement Required ☐ Yes ☑ No

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

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

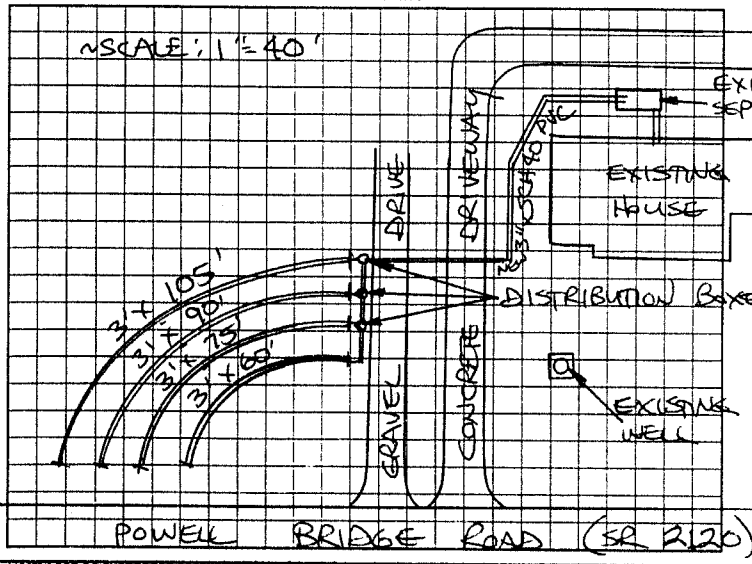
☐ Other _____

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

Comments:/Conditions:

Comments /Conditions

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM REPAIRED 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: Tommy Nixon date 11-20-02 installed by TOMMY NIXON

Improvement Permit by: STEVE HEDRICK date 11-20-02 Operation Permit by STEVE HEDRICK date 11-21-02

Authorization to Construct by: STEVE HEDRICK date 11-20-02 Existing System Inspection by: _____ date _____

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