IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 151769 — PIN# 4881775480 — DATE 8-6-08

OWNER OR APPLICANT Caroyln Potts — PHONE: Business ______ Home 704-546-2070

ADDRESS 629 Powell Bridge Rd Harmony 28634

LOCATION 21 W ON Powell Bridge RD (R) before box 709 follow Road to left .3 mile

SUBDIVISION ______ BLOCK / SECTION ______ LOT ______ LOT AREA 6.93 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 760 Date 5-9-08

Pump Tank: ______ Gallons; PT ______ Date ______

Pump Make: ______ Model ______ Serial No. ______

Nitrification Field: No Fields ______ Square Feet 1200 Linear Feet 300

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: 25% Gravel

Repair System Description: 25% pump / Gravel

Maintenance Agreement Required: ☐ Yes ☐ No

Gravel Depth ______ ☐ Gravity ☐ Pressure ☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other ______

No. Bedrooms 3 No. Persons ______ No. Employees ______

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions: Install on contour. Maintain all setbacks

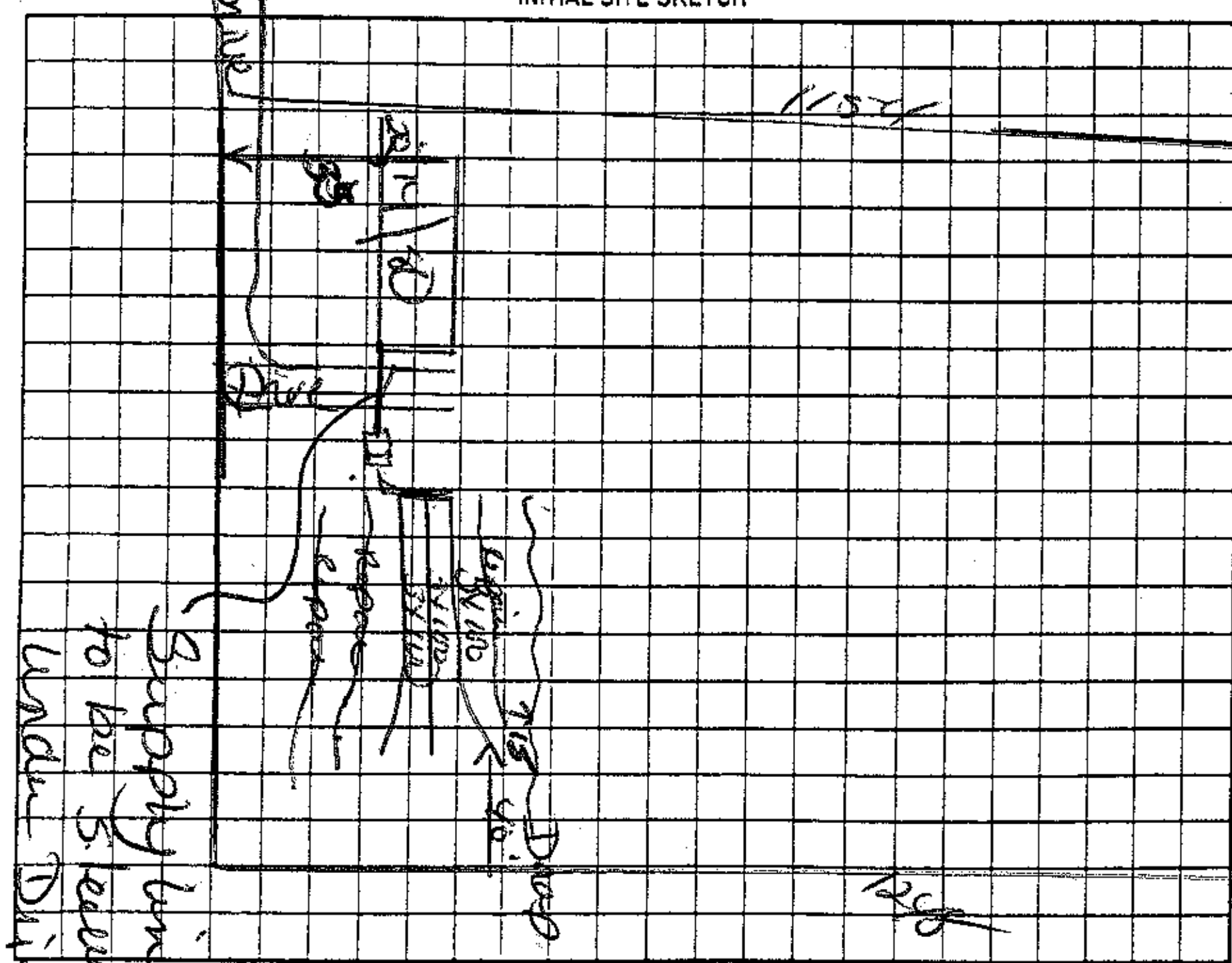
Comments:/Conditions: Sleeve supply line under drive

If drive is moved to other side of mobile home supply line to tank does not have to be sleeved

Red Leaf Title

Septic marker

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: [signature] date 8/6/08

Installed by: Bert Gallyer

Improvement Permit by: [signature] date 8-6-08

Operation Permit by: [signature] date 9-19-08

Authorization to Construct by: [signature] date 8-6-08

Existing System Inspection by: ______ date ______

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