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# 4881-98-1542 DATE 5-19-06

OWNER OR APPLICANT ELAINE ~~[illegible]~~ BEAUCHAMP PHONE: Business _____ Home 704-546-2360

ADDRESS 119 ROCKY FORD ROAD HARMONY, NC 28634

LOCATION US 21 NORTH, TR POWELL BRIDGE RD, TL ROCKY FORD ROAD, 1ST HOUSE ON LEFT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA AMPLE 10.9 ACRES SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. 0.30 GPD/FT²

Septic Tank: EXISTING Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 960 Linear Feet 240

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: _____

Repair System Description: 25% REDUCTION, GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☑ Other _____

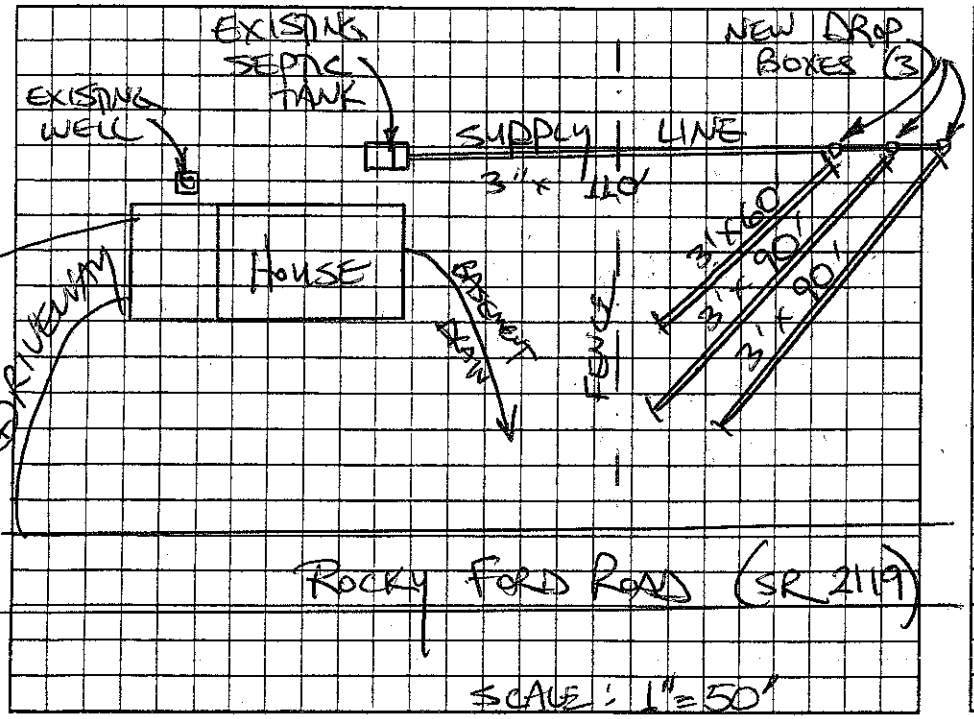
Water Supply: ☑ Individual ☐ Public ☐ Community WELL

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

Comments:/Conditions: INSTALL NEW SANITARY TEE IN TANK IF NECESSARY. INSTALL 25% REDUCTION SYSTEM ON CONTOUR (AVOID EXISTING DRAINFIELD).

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: Elaine Beauchamp date 5-19-06 Installed by: SAMMY REAVIS

Improvement Permit by: STEVE HEDRICK date 5-19-06 Operation Permit by: STEVE HEDRICK date 5-24-06

Authorization to Construct by: STEVE HEDRICK date 5-19-06 Existing System Inspection by: _____ date _____

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