IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 138296 PIN# 4881-98-6079 DATE 10-25-06

OWNER OR APPLICANT JOSHUA B. SMITH PHONE: Business 704-889-7174 Home 704-546-2026

ADDRESS 718 POWELL BRIDGE RD. HARMONY, NC 28634

LOCATION US 21 NORTH TR POWELL BRIDGE ROAD 2.4 MILES ON RIGHT ACROSS FROM ROCKY FORD RD.

SUBDIVISION Geraldine Smith BLOCK / SECTION ____ LOT 1 LOT AREA 1.988 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.40 GPD/FT2

Septic Tank: 1000 Gallons; STB 760 Date 12-31-01
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet ____ Linear Feet ____
No Lines THREE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12" ☒ Gravity ☐ Pressure

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: CONV, GRAVITY,
Repair System Description: CONV. GRAVITY
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons ____
☐ Business No. Employees ____
☐ Other ____

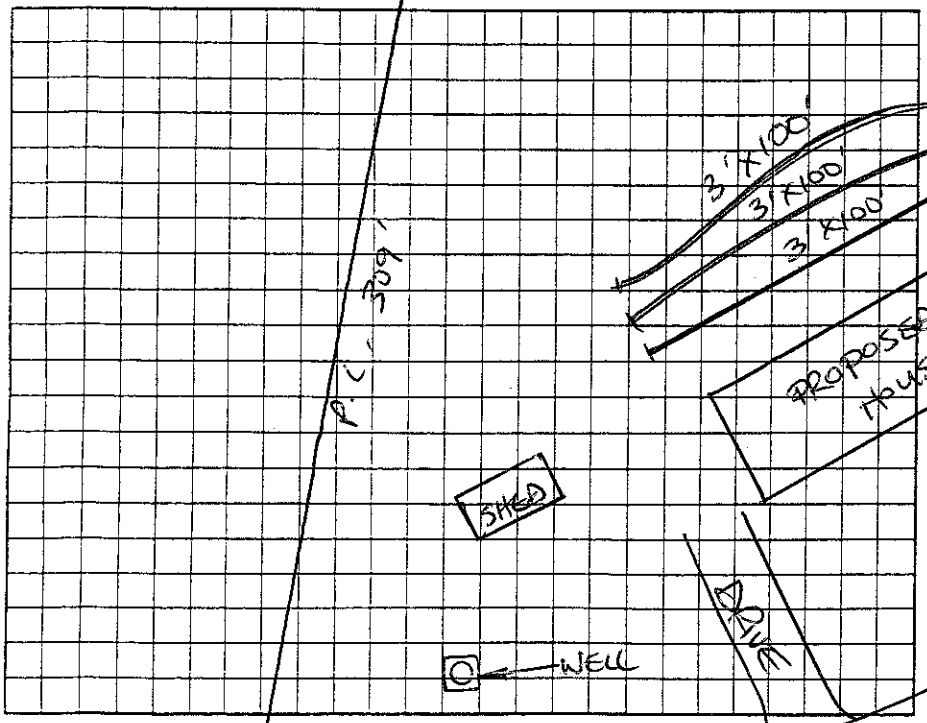
Water Supply: ☒ Individual ☐ Public ☐ Community

☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☒ Basement wo/plumbing AT GRADE

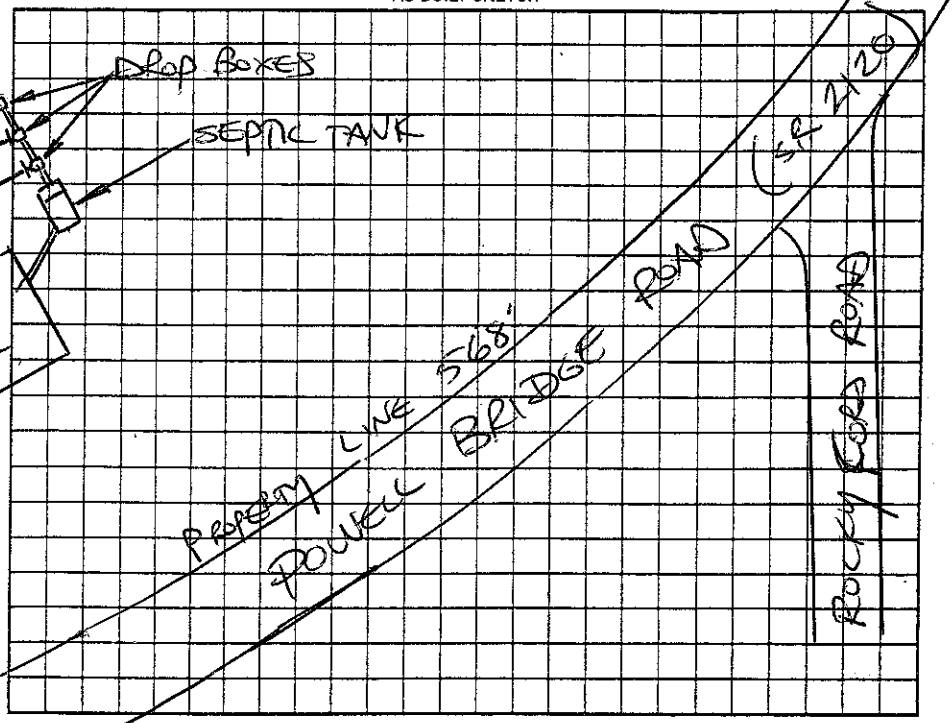
Comments:/Conditions:

Comments:/Conditions: KEEP HOME MINIMUM 5' FROM SYSTEM
PROPERTY LINES 385'
SCALE: 1"=50'

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: ____ date ____ Installed by: ____

Improvement Permit by: ____ date ____ Operation Permit by: ____ date ____

Authorization to Construct by: ____ date ____ Existing System Inspection by: STEVE HEDRICK date 10-25-06

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