IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 133614 PIN# 4882547501 DATE 5-8-08

OWNER OR APPLICANT Earlene Norman PHONE: Business _____ Home 704-546-3437

ADDRESS Box 262 Harmony NC 28634

LOCATION 2N (R) Statesville (R) Deaton RD

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.54 SITE CLASS. RS DESIGN FLOW 360 L.T.A.R. Existing

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ____ Square Feet Existing Linear Feet Existing

No Lines 4 Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____ ☐ Gravity ☐ Pressure

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

System Description: Conventional Expanded

Repair System Description: Conventional Pump

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Persons 2 No. Employees ____

Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments:/Conditions:

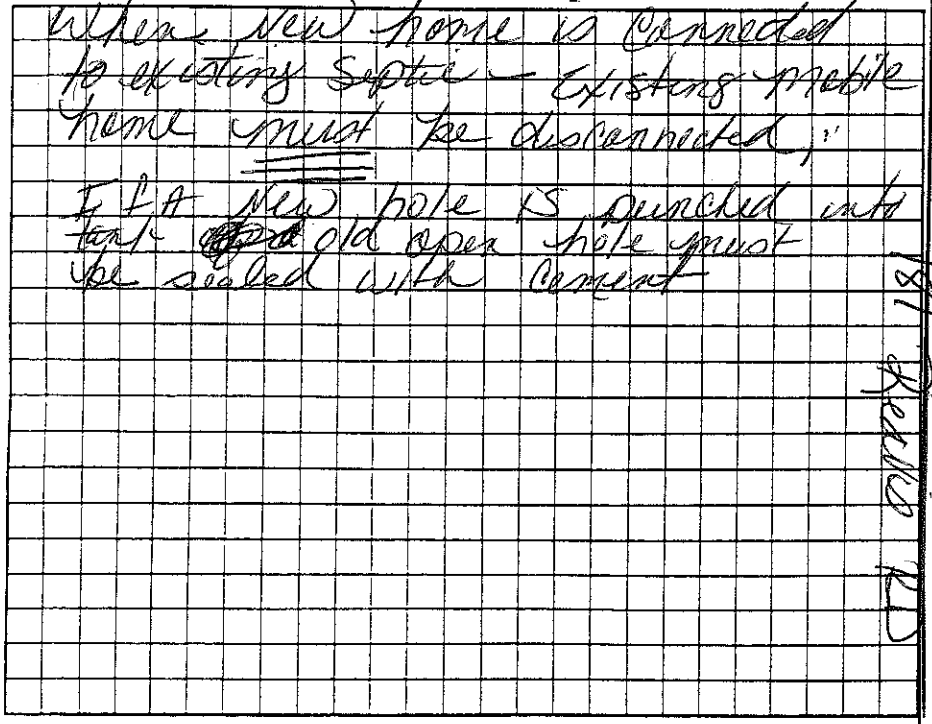
* Collection Sewer line must be at least 30" below drive

Comments:/Conditions:

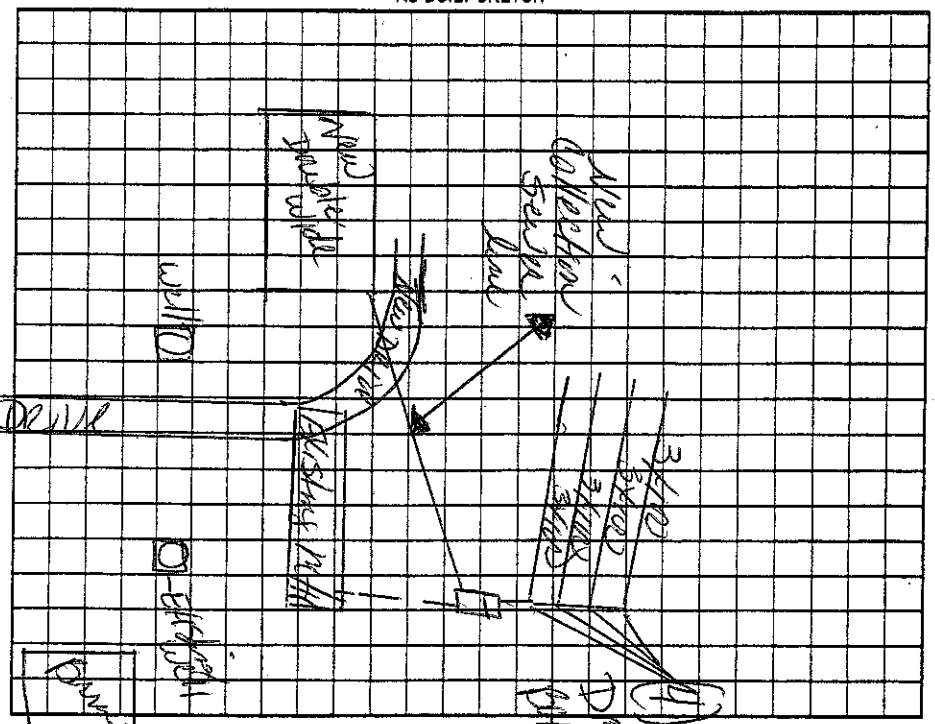
INITIAL SITE SKETCH

When new home is connected to existing septic - Existing mobile home must be disconnected.

If a new hole is punched into tank old open hole must be sealed with cement



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: Keith Cook date 5-8-08

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