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# 4882 72 9619 9819 DATE 4-19-07

OWNER OR APPLICANT Max Jones PHONE: Business _____ Home _____

ADDRESS 294 Reavis Rd Harmony NC 28634

LOCATION 21 N to E Statesville to Reavis Rd 2nd Reavis Rd

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. B DESIGN FLOW 240 L.T.A.R. .3

Septic Tank: 1x1500 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ____ Square Feet _____ Linear Feet 200

No Lines 2 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth _____ ☐ Gravity ☐ Pressure

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

System Description: 2500 Gal Tank

Repair System Description: _____

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

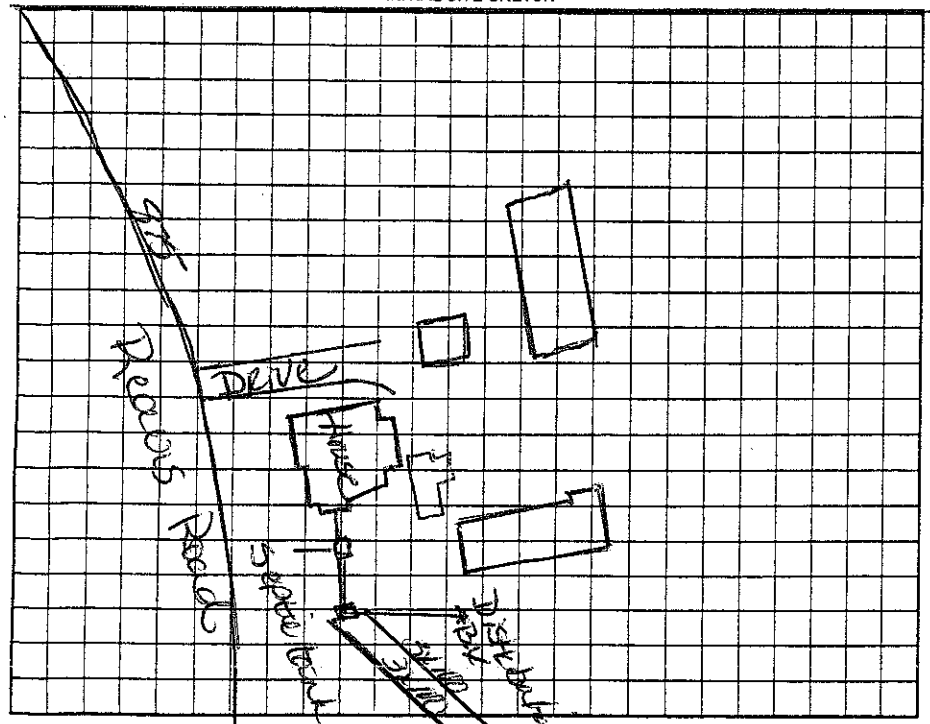
Comments:/Conditions:

Install on contour
Maintain all setbacks

Comments:/Conditions:

Move waterline

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: Max Jones date 4-19-07

Improvement Permit by: Leigh Cook date 4-19-07

Authorization to Construct by: Leigh Cook date 4-19-07

Installed by: Jimmy Reavis

Operation Permit by: Leigh Cook date 4-28-07

Existing System Inspection by: _____ date _____

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