IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122574 PIN# 4883-48-8667 DATE 7/16/04

OWNER OR CONTRACTOR MICHAEL AND ANNA TALLEY PHONE: Business (704) 878-4651 Home (704) 546-7051

ADDRESS 255 AUTUMN RD. HARMONY NC 28634

LOCATION HWY 21N ® ANTHONY ® AUTUMN 1ST HOME ON RIGHT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 2.8 SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. 0.3 gpd/ft²

Septic Tank: 1000 Gallons; STB 620 Date 3-2-04
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 270
No Lines 3 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, (II), III, IV, V, VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: PUMP 25% REDUCTION SHALLOW
Maintenance Agreement Required: ☐ Yes ☑ No

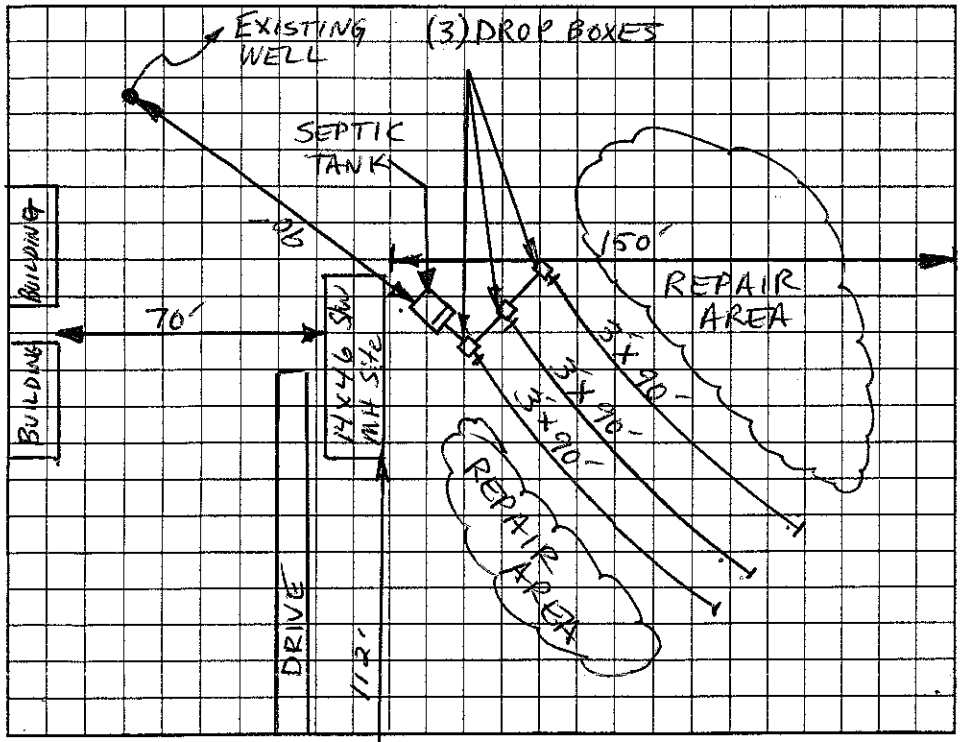
☐ House/Mod. Home No. Bedrooms 2
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community
WELL

Comments/Conditions: ① INSTALL LINES 30" ON CONTOUR
② MAINTAIN ALL SETBACKS

Comments/Conditions: ① Red Poly lok ② #5 Stone

INITIAL SITE SKETCH



AS BUILT SKETCH

* System installed according to 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: Ann Talley date 7-16-04 Installed by: SAMMY REAVIS

Improvement Permit by: Christopher M. Shuping, L.P.S. date 7-16-04 Operation Permit by: Christopher M. Shuping, L.P.S. date 8-6-04

Authorization to Construct by: Christopher M. Shuping, L.P.S. date 7-16-04 Existing System Inspection by: _____ date _____

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