IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122421 PIN# 4890-00-7075 DATE 8-6-04

OWNER OR CONTRACTOR RICKY DALE WOOD PHONE: Business (704) 546-5125 Home (704) 546-7937

ADDRESS 137 ROSWELL RD HARMONY NC 28634

LOCATION I-77N TR NC 901 TL GUILFORD TL FOX HUNTER AFTER SPLIT, 3RD DRIVE ON LEFT (221 FOX HUNTER RD)

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 35.98 SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: EXIST Gallons; STB _____ Date _____
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields ____ Square Feet _____ Linear Feet EXIST
No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

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

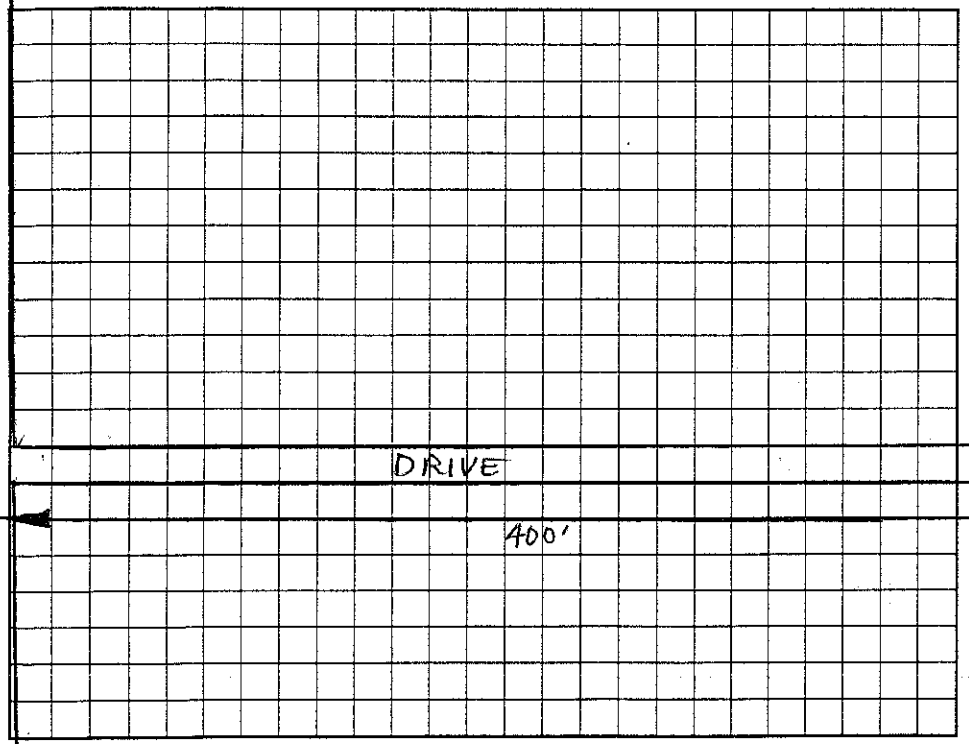
☐ House/Mod. Home No. Bedrooms 2
☑ Mobile Home No. Bathrooms 1
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

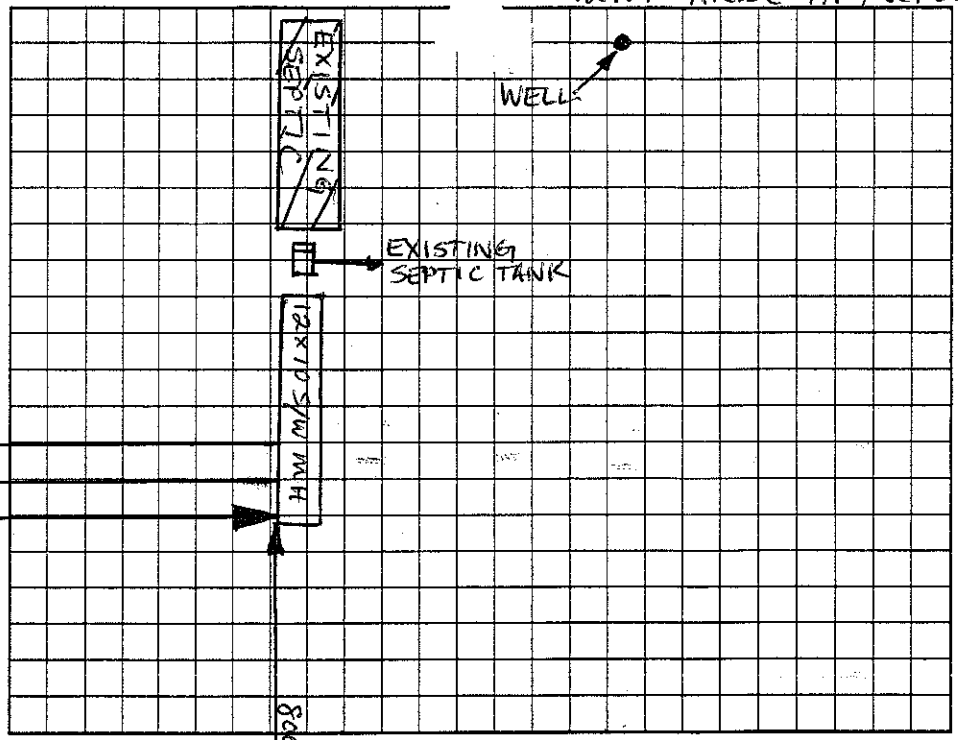
Comments:/Conditions:

Comments:/Conditions: ① SYSTEM FUNCTIONING PROPERLY AT TIME OF INSP. ② PERMISSION TO CONNECT PROPOSED STRUCTURE TO EX. SYSTEM ③ NEW STRUCTURE SHALL NOT INCREASE NO. OF BEDROOMS ON SYSTEM ④ VISUAL INSPECTION ONLY NO GUARANTEE PROBLEMS WONT ARISE IN FUTURE

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: Brandie Wood date 8-11-04 Installed by: _____

Improvement Permit by: _____ date _____ Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: Christopher M. Shuttle, RS date 8-6-04

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