H.C. RUMMAGE INC

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (c) MOORESVILLE 704-664-5281

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

PERMIT# 129976 PIN# 4890-06-8207 DATE 7-16-05

OWNER OR CONTRACTOR TYSON FOODS PHONE: Business 704-289-6402 Home 704-546-2602

ADDRESS 501 SHEFFIELD ROAD, HARMONY NC 28634

LOCATION US 21 NORTH, TR NC 901, TL SHEFFIELD ROAD, ON RIGHT AT ~~BUFFALO~~ HUNTING CREEK

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 202.7 ACRES SITE CLASS. PS DESIGN FLOW 100 L.T.A.R. 0.60 GPD/FT²

Septic Tank: EXISTING Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 165 Linear Feet 55

No Lines ONE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: CONVENTIONAL, GRAVITY

Repair System Description: CONVENTIONAL, GRAVITY

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms _____

☐ Mobile Home No. Bathrooms _____

☑ Business No. Employees 4

☐ Other @ 25 GPD/EMPLOYEE

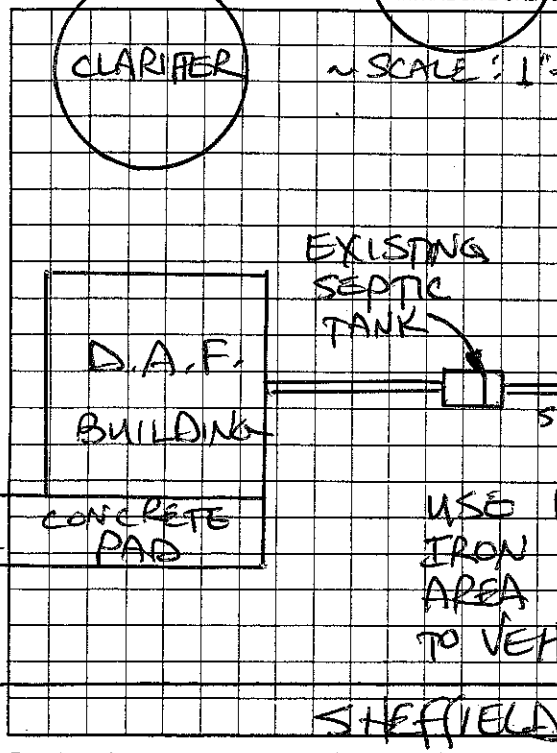
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☑ Individual
☐ Public
☐ Community
WELL

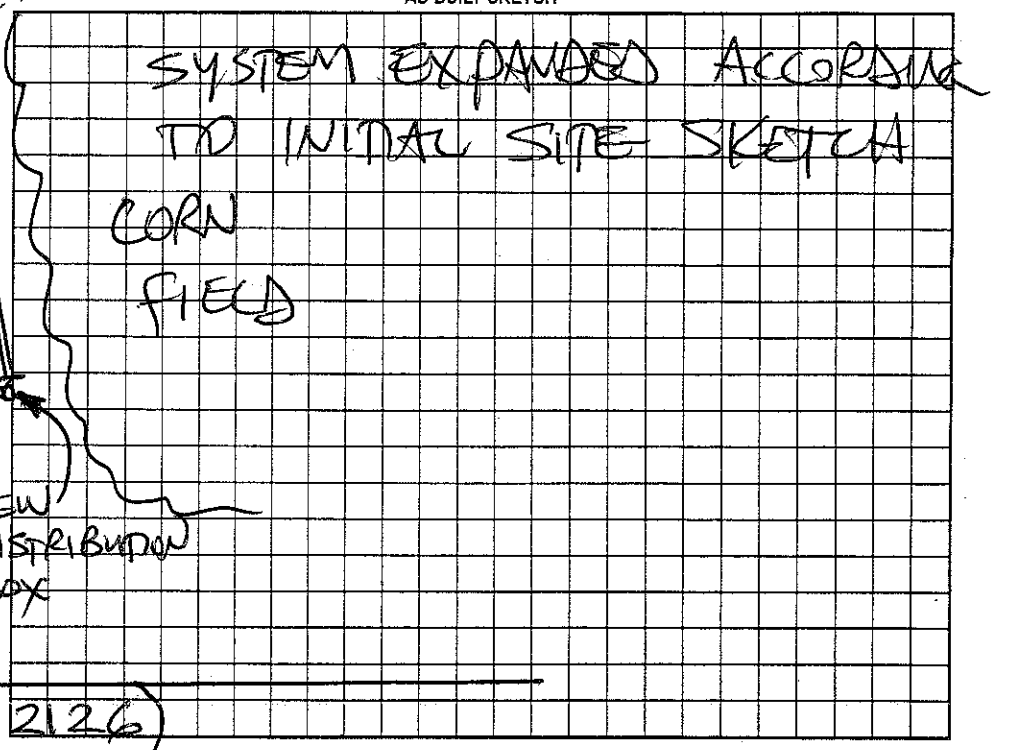
Comments:/Conditions: INSTALL NEW LINE AS FLAGGED ON SITE, ABANDON OLD LINE,

Comments:/Conditions:

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: Thomas L. Helms date 7-18-05 Installed by: BRENT GALLIHER

Improvement Permit by: STEVE HEDRICK date 7-16-05 Operation Permit by: STEVE HEDRICK date 8-1-05

Authorization to Construct by: STEVE HEDRICK date 7-16-05 Existing System Inspection by: _____ date _____

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