IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 91977 PIN# 4890 20 5000 DATE 9/21/00

OWNER OR CONTRACTOR Herbert James PHONE: Business _____ Home 546-2164

ADDRESS 123 Jamestown Dr. Harmony NC 28634

LOCATION 901, R Guilford, L Fox Hunter, R Piney Grove, L Jamestown

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

Septic Tank: Existing Gallons; STB _____ Date _____
Pump Tank: 0 Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields ____ Square Feet _____ Linear Feet _____
No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

☐ New System ☐ Repair System Type: I. II. III. IV. V. VI
System Description: Existing
Repair System Description: _____
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

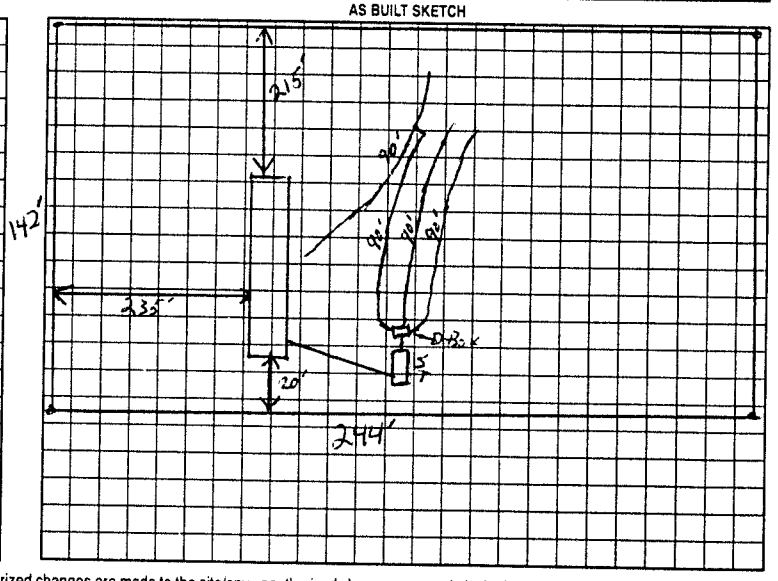
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

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: _____ date _____ Installed by: _____

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

Authorization to Construct by: _____ date _____ Existing System Inspection By: [signature] RST date 9/21/00

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