THIS PERMIT VOIDS PREVIOUS ISSUED 9-3-99

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 083564 PIN# 4890 69 2477 DATE 9-8-99

OWNER OR CONTRACTOR DAVID K. KNIGHT PHONE: Business _____ Home 546-7297

ADDRESS 928 SHEFFIELD ROAD, HARMONY, NC 28634

LOCATION US 21 N, TR NC901, TL SHEFFIELD RD, ON RIGHT BEHIND BOX #928 (AT COUNTY LINE)

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA LIMITED SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 620 Date 7-20-99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 4 Square Feet 1200 Linear Feet 400
No Lines FIVE 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: 25% REDUCTION PUMP
Maintenance Agreement Required: Yes ✓ No

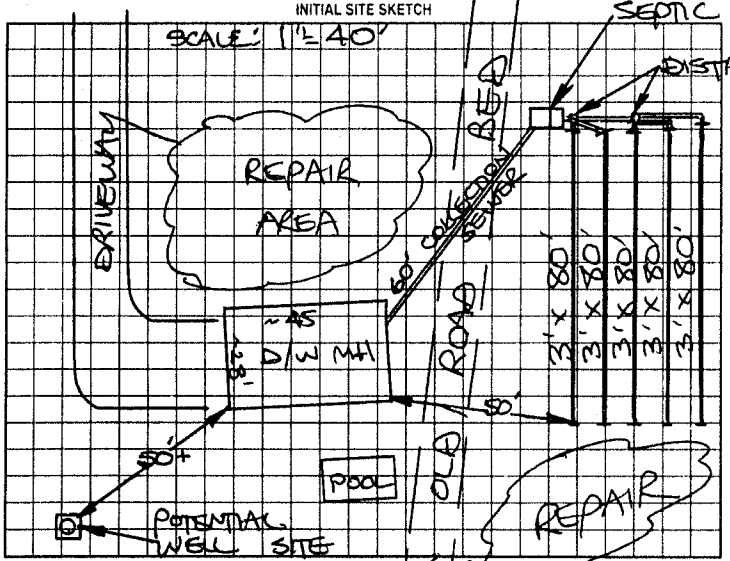
✓ House/Mod. Home No. Bedrooms 3
Mobile Home No. Bathrooms 2
Business No. Employees _____
Other _____
Slab ✓ Crawl Space Basement w/plumbing Basement wo/plumbing

Water Supply: ✓ Individual Public Community
WELL

Comments/Conditions: KEEP SYSTEM MINIMUM 100 FEET FROM WELL, 10 FEET FROM PROPERTY LINE

Comments /Conditions SEPTIC TANK WITH RISERS & MARKER INSTALLED USING "ZABEL" FILTER

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE 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: [signature] date 9-8-99 Installed by: TOMMY NIXON

Improvement Permit by: STEVE HEDRICK date 9-8-99 Operation Permit by: STEVE HEDRICK date 1-3-00

Authorization to Construct by: STEVE HEDRICK date 9-8-99 Existing System Inspection by: _____ date _____

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