IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 123764 PIN# 4891-02-7464 12-0107 DATE 9-22-04

OWNER OR CONTRACTOR STAN STROUD PHONE: Business 704-902-0291 Home 704-546-7486

ADDRESS 178 RAVEN RD HARMONY NC 28634

LOCATION 21N (E) 901 (L) SHEFFIELD (L) RAVEN (R) @ 178 BOX ON OFF ROAD ON GRAVEL DRIVE

SUBDIVISION / BLOCK / SECTION LOT LOT AREA 1.03AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 135

Septic Tank: 1000 Gallons; STB 1012 Date 5-9-04
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1029 Linear Feet 343'
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: CONV GRAV
Repair System Description: GRAVITY REPAIR
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other

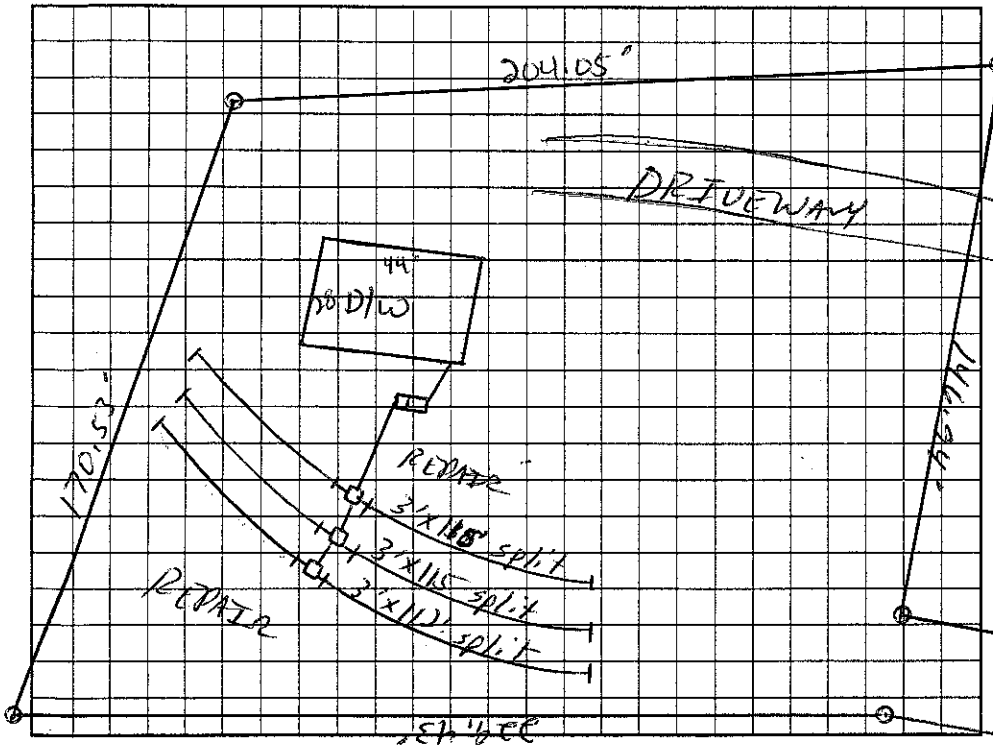
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community NEIGHBORS WELL OF COUNTY

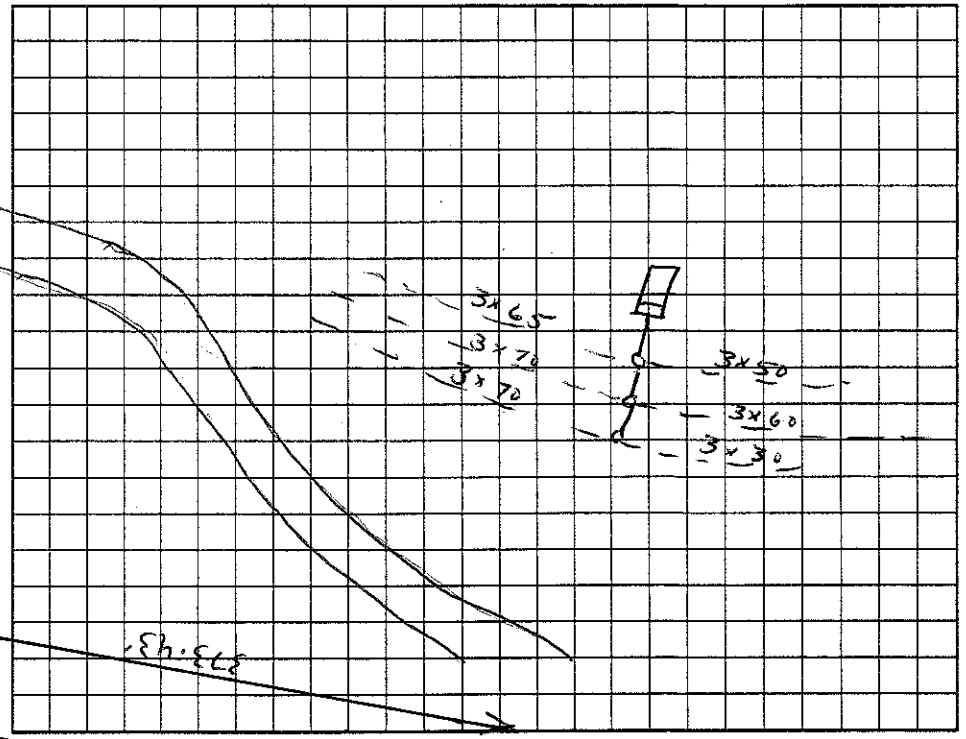
Comments/Conditions: (1) HOUSE & SYSTEM IS FLAGGED OUT COMPLETELY ON LOT (2) INSTALL LINES AT 36" DEEP (3) MAINTAIN SETBACKS

Comments/Conditions: (1) Tuff-Tile (2) #57 Stone

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: Stephanie Moore date 9-22-04 Installed by: A-1 BACKHOE

Improvement Permit by: [signature] date 9-22-04 Operation Permit by: [signature] date 10/7/04

Authorization to Construct by: [signature] date 9-22-04 Existing System Inspection by: date

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