IREDELL COUNTY HEALTH DEPARTMENT

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

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

(C1)

PERMIT# 1055602 PIN# 4891-15-3495

OWNER OR CONTRACTOR LINNIE TRIVETTE PHONE. Business _____ DATE 4-9-02

ADDRESS 280 HAMLET ROAD HARMONY NC 28634 Home (704) 546-7248

LOCATION US 21 N, TR POWELL ROAD, TR HAMLET ROAD, 0.7 MILE ON RIGHT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.5 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. EXISTING 0.3

Septic Tank: 1000 Gallons: STB 760 Date 12-22-0

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No _____

Nitrification Field: No Fields 1 Square Feet 810 Linear Feet 270

No Lines TWO Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 18"

☑ 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 ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

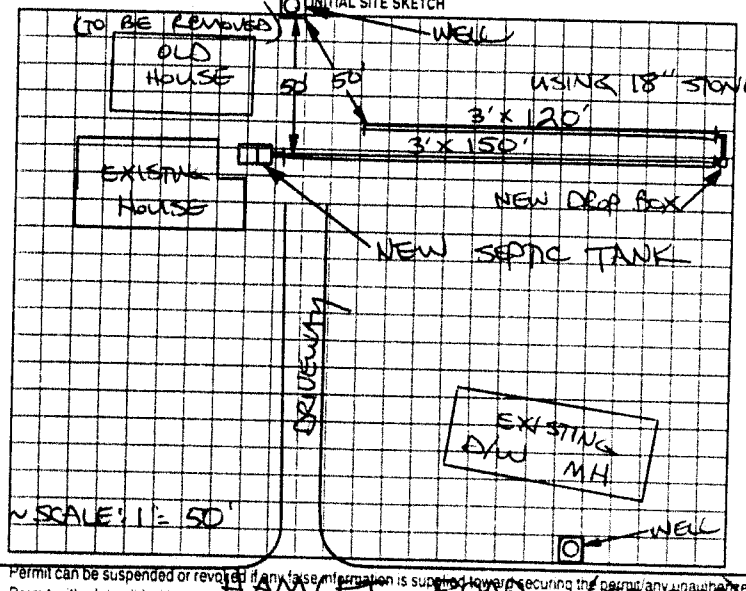
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

Comments/Conditions: INSTALL LINES AS FLAGGED USING 18" STONE

Comments/Conditions: ZABEL FILTER & MARKER

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: Linnie L Trivette date 4-9-02 Installed by: BRENT GALLIHAR

Improvement Permit by: STEVE HENDRICK date 4-9-02 Operation Permit by: _____ date 04-16-02

Authorization to Construct by: STEVE HENDRICK date 4-9-02 Existing System Inspection by: _____ date _____

HAMLET ROAD (SR 2123)

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