IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # [illegible] 158036 PIN # 4891-44-~~0552~~ 4509 DATE [redacted] 9-10-09

OWNER or (APPLICANT) Raymond Shaw (America's Home Place) PHONE: Business 704-872-4900 Home: 704-363-4926

OWNER or APPLICANT ADDRESS 434 Hamlet RD Harmony NC 28632

LOCATION / DIRECTIONS 21N (R) Pinecile Bridge RD (R) Hamlet on Right

SUBDIVISION ______ BLOCK / SECTION ______ LOT # ______ LOT AREA .908 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank Exist	Gallons: STB	Date	
Pump Tank	Gallons: PT	Date	
Pump Make	Model	Serial #	
Nitrification Field No Fields 1	No Lines 6	Linear Feet 140 [illegible] + 240 25%	
Trench Width 36"	Max. Trench Bottom Depth 36"	Gravel Depth [illegible]	

☐ New System ☐ Repair ☑ Expansion System Type I (II) III IV V VI

System Description: 140' Conventional + 25% Gravel [illegible]

Repair System Description: 50% gravel

Maintenance Agreement Required ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 3
☐ Business No. Persons
☐ Other No. Employees
☐ Slab ☐ Crawl Space
☑ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply
☑ Private
☐ Public
☐ Community

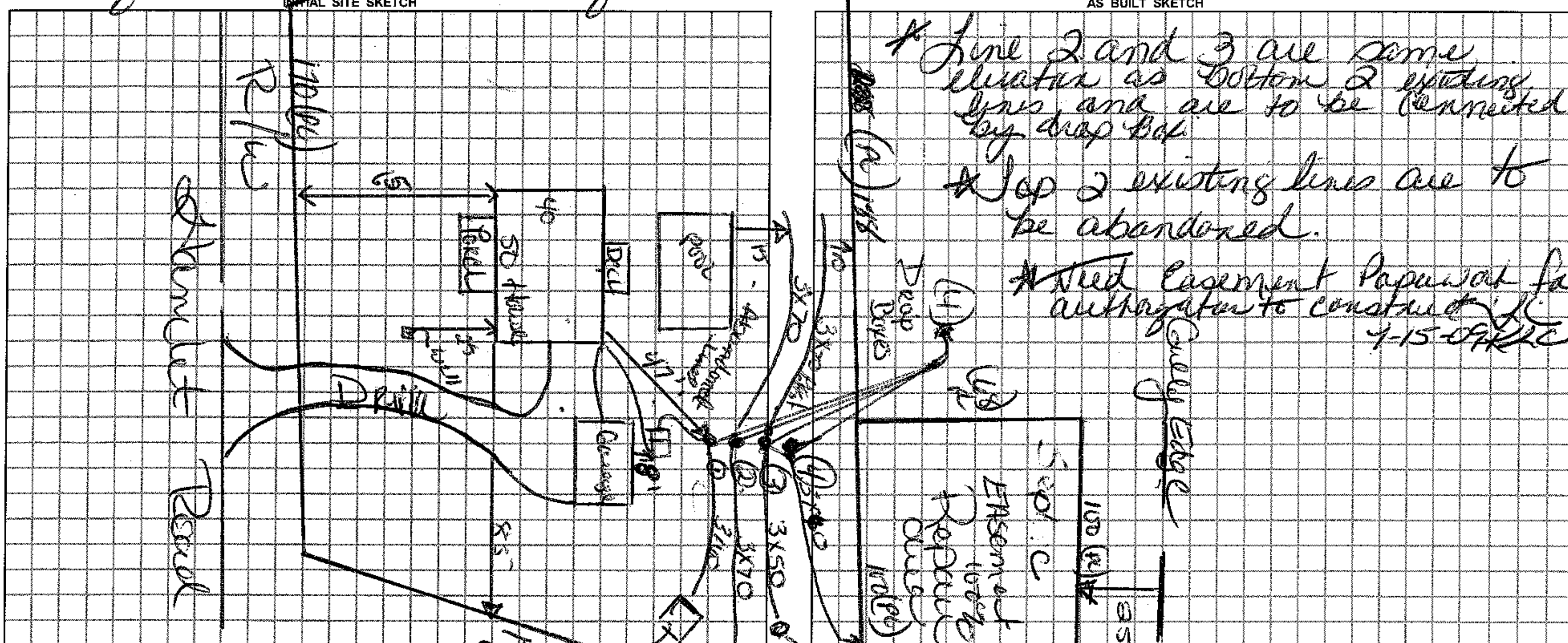
Comments / Conditions

Call Kelli Cook, RS. of Iredell County Health department for consultation visit before installation

Comments / Conditions

* Remove T-flow divider. Use drop Boxes for distribution

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 w / plat valid without expiration.* ☑ *IMPROVEMENT PERMIT w / site plan valid for 60 mos.* ☐ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.*

Owner / Applicant Signature: * [signature] Date 9/14/09 Installed by: Curtis Grading

Improvement Permit by: [signature] Date 9-10-09 Operation Permit by: [signature] Date: 12-15-09

Authorzation to Construct by: [signature] Date 9-15-09 Existing System Inspected by: ______ Date: ______

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant