IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT VOIDS PREVIOUS ISSUED 1-16-96

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

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

PERMIT# 083764 PIN# 4891 47 0838 (PT) DATE 10-6-99

OWNER OR CONTRACTOR CHRISTOPHER EMORY PHONE: Business _____ Home 546-7328

ADDRESS 404 HAMLET ROAD, HARMONY, NC 28634

LOCATION US 21 N, TR POWELL RD, TR HAMLET RD, TL ROCK SPRINGS RD, TL OLD SCHOOL DRIVE, ON END AT RIGHT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 25.00 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 8-21-99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I (II) III IV V VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: CONVENTIONAL PUMP
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☑ Crawl Space Basement w/plumbing ☐ Basement wo/plumbing

☐ House/Mod. Home No. Bedrooms 3
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____

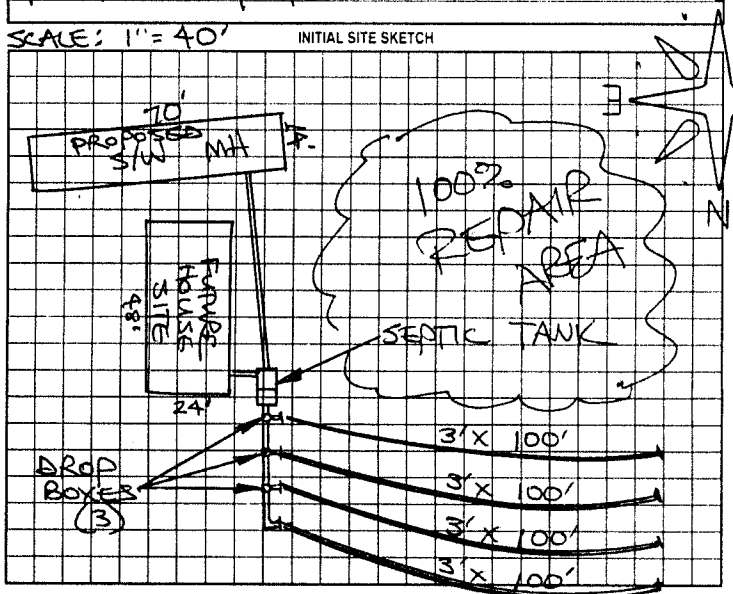
Water Supply: ☑ Individual ☐ Public ☐ Community WELL

Comments/Conditions: KEEP SYSTEM MINIMUM TEN (10) FEET FROM PROPERTY LINE & 100 FEET MINIMUM FROM WELL & SITE.

Comments/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "PolyLok" FILTER

~ SCALE: 1" = 40'

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITAL 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: Rachelle S. Emory date 10-6-99

Improvement Permit by: STEVE HEDRICK date 10-6-99

Authorization to Construct by: STEVE HEDRICK date 10-6-99

Installed by: A-1 BACK HOE

Operation Permit by: STEVE HEDRICK date 11-1-99

Existing System Inspection by: _____ date _____

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