IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281 (C1)

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

PERMIT# 108691 PIN# 4892-00-9716 DATE 9-3-02

OWNER OR CONTRACTOR AVIS CAMPBELL PHONE: Business _____ Home 704-546-5603

ADDRESS 581 ABBEYDALE ROAD, HARMONY, NC 28634

LOCATION US 21 N, TR POWELL ROAD, TL ROCKY FORD RD, TR ABBEYDALE RD, 0.5 MILE ON LEFT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 6.44 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. EXISTING 0.4 GPD/FT2

Septic Tank: 1000 Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines TWO 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: _____

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☑ Other GARAGE (PRIVATE)

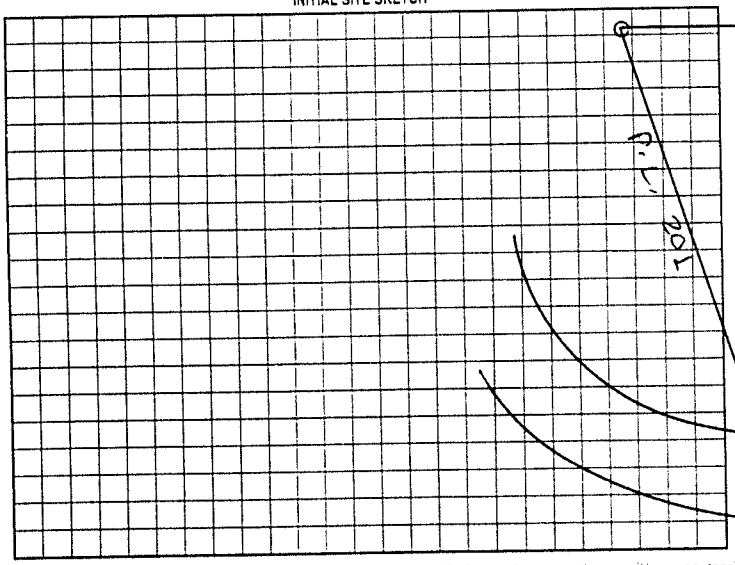
☑ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

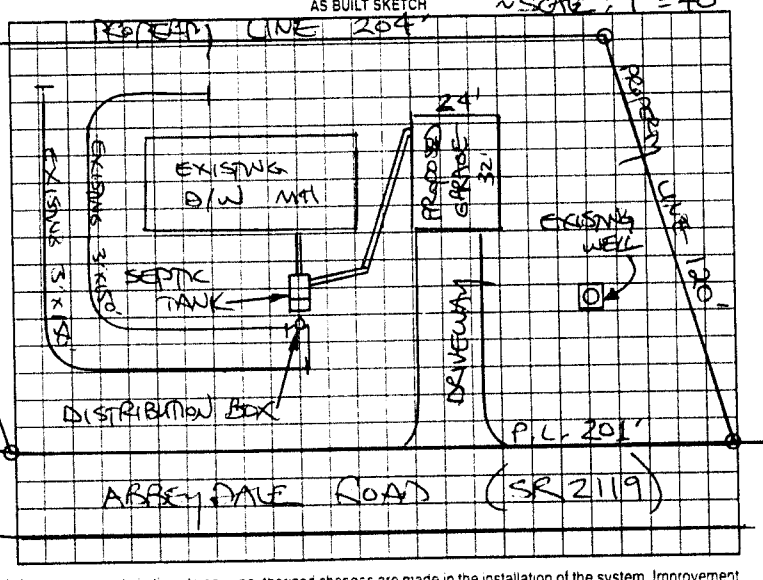
Comments:/Conditions:

Comments /Conditions STUB-OUT PLUMBING AS SHALLOW AS POSSIBLE TO OBTAIN AMPLE FALL TO EXISTING SEPTIC TANK, ENTER SEPTIC TANK AT SIDE INLET

INITIAL SITE SKETCH



AS BUILT SKETCH ~SCALE: 1"=40'



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: _____ date _____

Improvement Permit by: _____ date _____

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: STEVE HEDRICK date 9-3-02

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