IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT VOIDS PREVIOUS ISSUED 2/1/99

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

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

PERMIT# 078928 PIN# 4892620847 DATE 4-21-99

OWNER OR CONTRACTOR EUGENE POTTS JR. PHONE: Business Home 546-2269

ADDRESS 1127 POWELL BRIDGE ROAD, HARMONY NC 28634

LOCATION US 21 N, TR POWELL BRIDGE RD, TL TURKEYFOOT RD, 2ND DRIVE ON LEFT

SUBDIVISION BLOCK / SECTION LOT LOT AREA 0.77 ACRE SITE CLASS. P5 DESIGN FLOW 360 L.T.A.R. 0.30 gpd/ft²

Septic Tank: 1000 Gallons; STB 620 Date 3-6-99

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 30" Gravel Depth 12"

☑ New System ☐ Repair System Type: (I) II, III, IV, V

System Description: CONVENTIONAL GRAVITY

Repair System Description: 25% REDUCTION GRAV/PUMP

Maintenance Agreement Required: ☐ Yes ☑ No

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

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

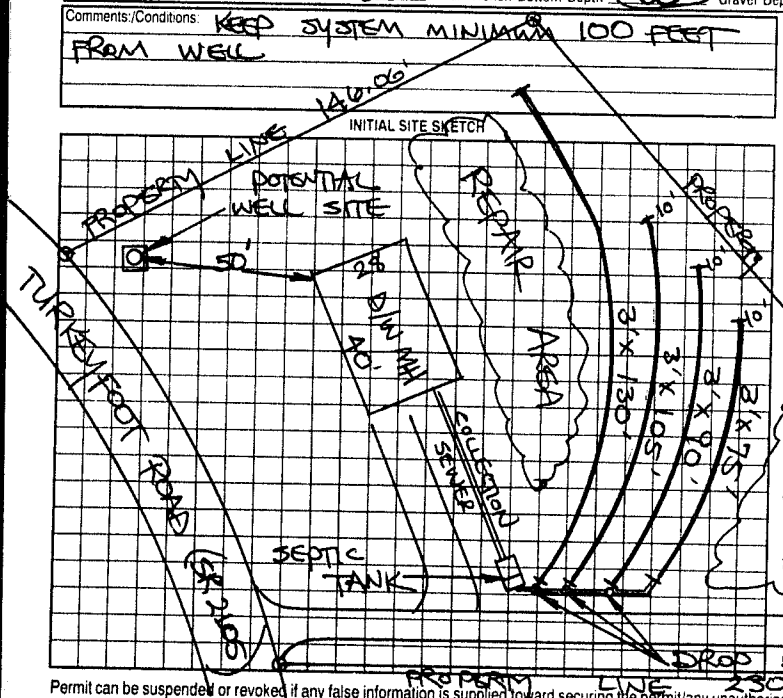
No. Bedrooms 3 No. Bathrooms 2 No. Employees

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

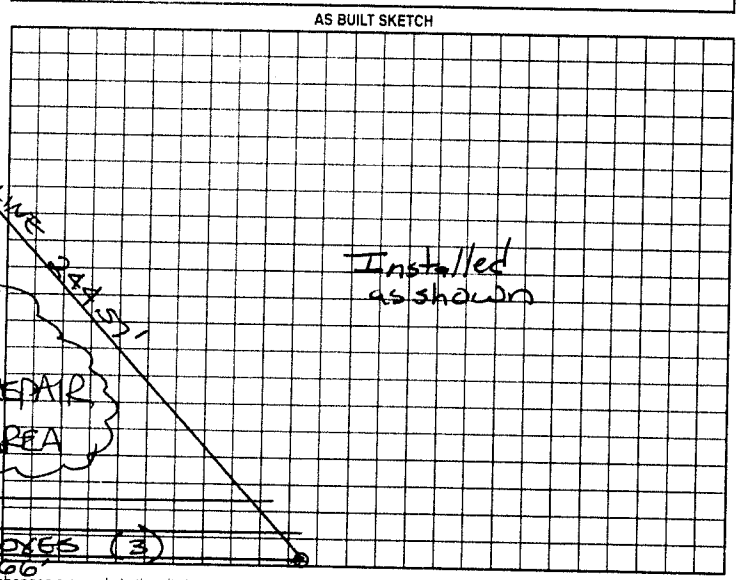
Comments/Conditions: KEEP SYSTEM MINIMUM 100 FEET FROM WELL

Comments/Conditions:

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: Eugene F. Potts Jr. date 4-21-99

Improvement Permit by: STEVE HEDRICK date 4-21-99

Authorization to Construct by: STEVE HEDRICK date 4-21-99

Installed by: Sammy Reavis

Operation Permit by: M. C. Oaks RS date 5-11-99

Existing System Inspection by: date

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