IREDELL COUNTY HEALTH DEPARTMENT - *ENVIRONMENTAL HEALTH* ☐ STATESVILLE OFFICE 704-878-5305 ☑ MOORESVILLE OFFICE 704-664-5281

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

PERMIT # 71891 PIN # 4638-86-7555 DATE 5-10-12

OWNER CORY STUTTS APPLICANT: SAME PHONE: Home/Cell # 704-807-2682 Business #

SITE ADDRESS 123 HARBOR LANDING DR. OWNER / APPLICANT ADDRESS SAME

SITE DIRECTIONS PERTH, TL ERNE, TR HARBOR LANDING

SUBDIVISION HARBOR LANDING BLOCK / SECTION 3 LOT # 33 LOT AREA .74 AC DESIGN FLOW 360 GPD L.T.A.R. .3 (PERMIT 7258)

Septic Tank Ex. 1000 Gallons: STB ____ Date ____

Pump Tank ____ Gallons: P T ____ Date ____

Pump Make ____ Model ____ Serial # ____

No. Nitrification Fields: ____ No. Lines ____ Linear Feet ____

Trench Width EXISTING Max. Trench Bottom Depth ____ Gravel Depth ____

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

System Description: GRAVITY 75%

Repair System Description: PM 75%

Maintenance Agreement Required ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons ____

☒ Other No. Employees ____

☐ Slab ☒ Crawl Space

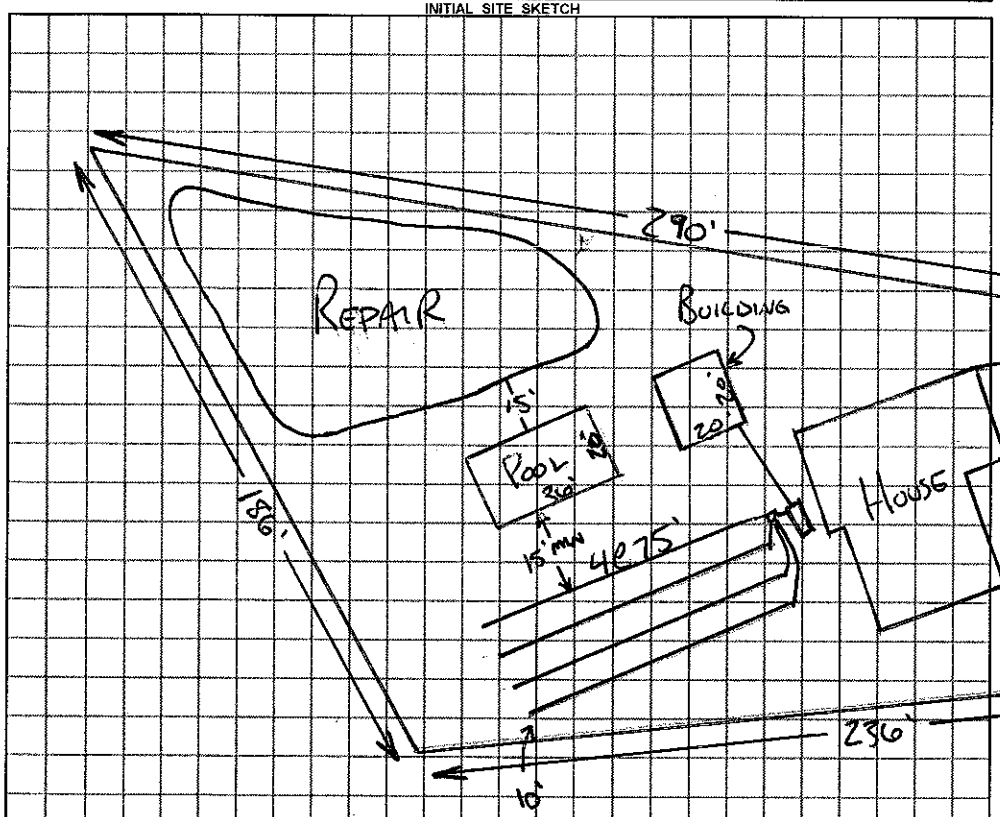
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

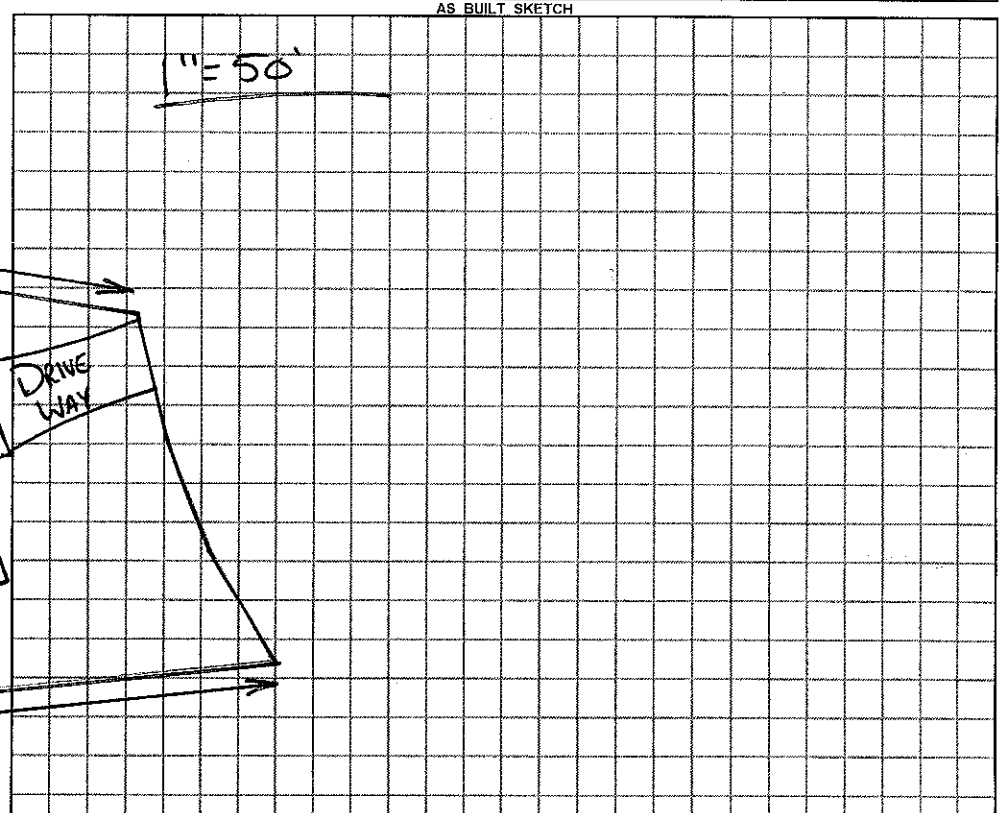
Comments / Conditions ① BUILDING TO HAVE HALF BATH ONLY ② WATERS EDGE OF POOL TO BE MIN 15' FROM SEPTIC

POOL & BUILDING

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

Owner / Applicant Signature: [signature] Date 5/10/12 Installed by: ____

IMPROVEMENT PERMIT by: ***REHS*** Date ____ OPERATION PERMIT by: ***REHS*** Date ____

AUTHORIZATION TO CONSTRUCT by: ***REHS*** Date ____ Existing System Inspected by: [signature] ***REHS*** Date 5-10-12

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

White Copy – Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant