IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 164203 PIN # 4639039648 DATE 12-8-2010

OWNER or APPLICANT Harkness Builders/Bruce Dunn PHONE: Business Larry 7047997744 Home:

OWNER or APPLICANT ADDRESS 242 Templeton Rd Mooresville, NC 28117

LOCATION / DIRECTIONS Perth Rd N to Fern Hill TR Bullfinch on Right #244

SUBDIVISION Beacon Pt. BLOCK / SECTION 1 LOT # 10 LOT AREA .82Ac DESIGN FLOW 480gpd L.T.A.R. .4

Exist

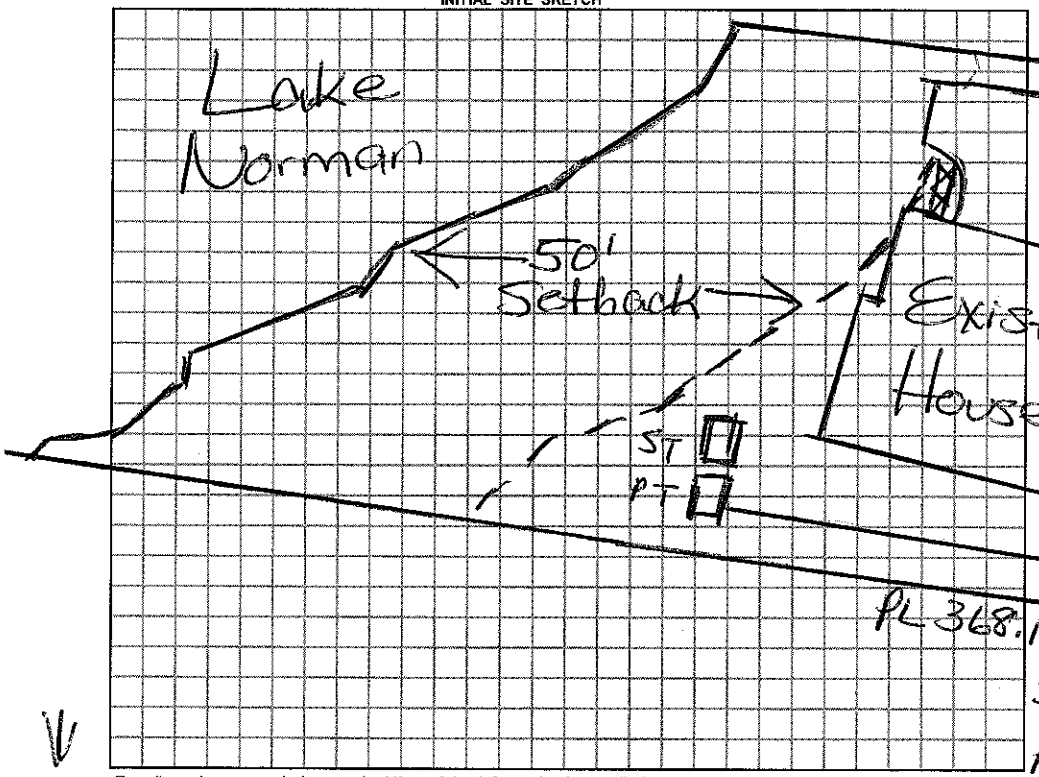
Septic Tank 1000 Gallons: STB	Date	☐ New System ☐ Repair ☐ Expansion System Type I II III IV V VI	☒ Residence No. Bedrooms 4
Pump Tank 1000 Gallons: P T	Date	System Description: Exist Pump-PM-Sgnd line 25% Reduct.	☐ Business No. Persons
Pump Make Model	Serial #	Repair System Description: Same	☐ Other No. Employees
Nitrification Field No Fields 1 No Lines 4 Linear Feet 300		Maintenance Agreement Required ☐ YES ☒ NO	☐ Slab ☐ Crawl Space
Trench Width 36" Max. Trench Bottom Depth 5Ft. ~~Gravel~~ Sand Depth 3Ft		☐ GRAVITY ☒ PRESSURE	☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☒ Community

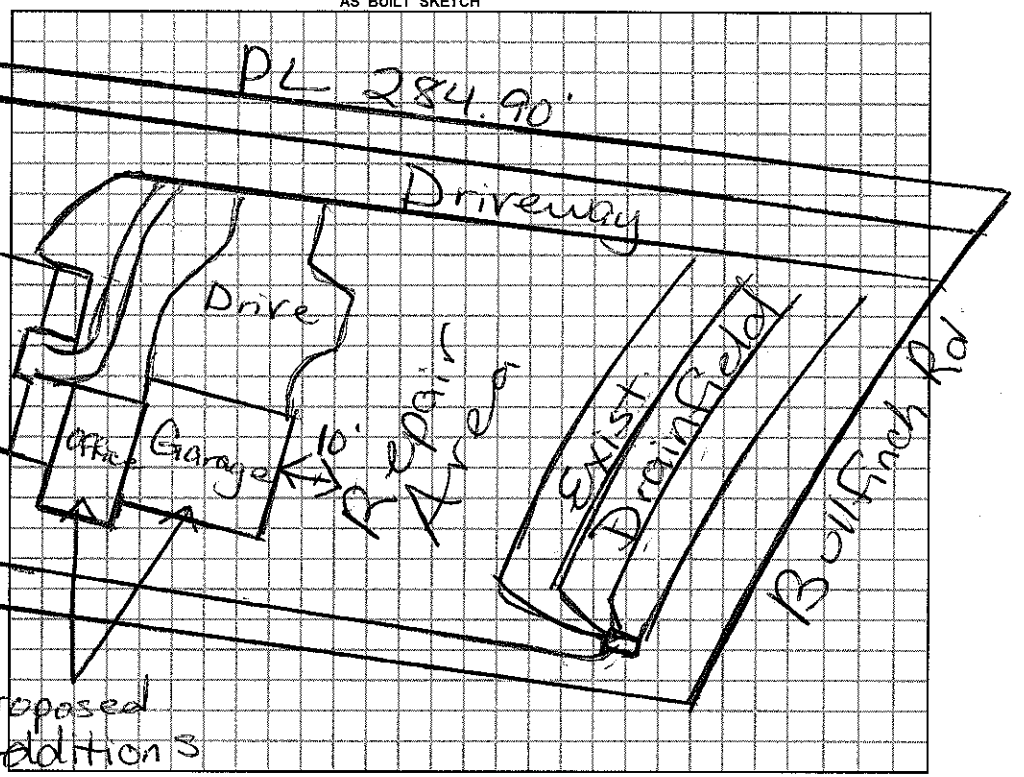
Comments / Conditions: Must keep any Building at least 5Ft from Septic System including (Repair Areas) Scale 1:40

Comments / Conditions: Existing Septic System Appears to be functioning okay at time of inspection.

INITIAL SITE SKETCH



AS BUILT SKETCH



N

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 12/8/10

Improvement Permit by: Date

Authorzation to Construct by: Date

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by:

Operation Permit by: Date:

Existing System Inspected by: [signature] RS Date: 12/8/2010

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