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 # 174205 PIN # 4711451336 DATE 8-24-12

OWNER Charles Harwell APPLICANT: CMH Homes PHONE: Home/Cell # 865-380-3600 Business # N/A

SITE ADDRESS 160 Laurel Cove Rd. OWNER / APPLICANT ADDRESS Po Box 9790 Manville TN

SITE DIRECTIONS Buffalo Shoals Rd TL Laurel Cove Rd. Property on right

SUBDIVISION N/A BLOCK / SECTION N/A LOT # N/A LOT AREA 0.46 acres DESIGN FLOW 360 gpd. L.T.A.R. 0.25

Septic Tank ~~Size~~ 1000 Gallons: STB 760 Date 1-12

Pump Tank ____ Gallons: PT ____ Date ____

Pump Make ____ Model ____ Serial # ____

No. Nitrification Fields: 1 No. Lines 2 Linear Feet 95

Trench Width 24" Max. Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: PPBPS - Gravity

Repair System Description: Drip with Pretreatment

Maintenance Agreement Required ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 3

☐ Business No. Persons ____

☐ Other No. Employees ____

☐ Slab ☑ Crawl Space

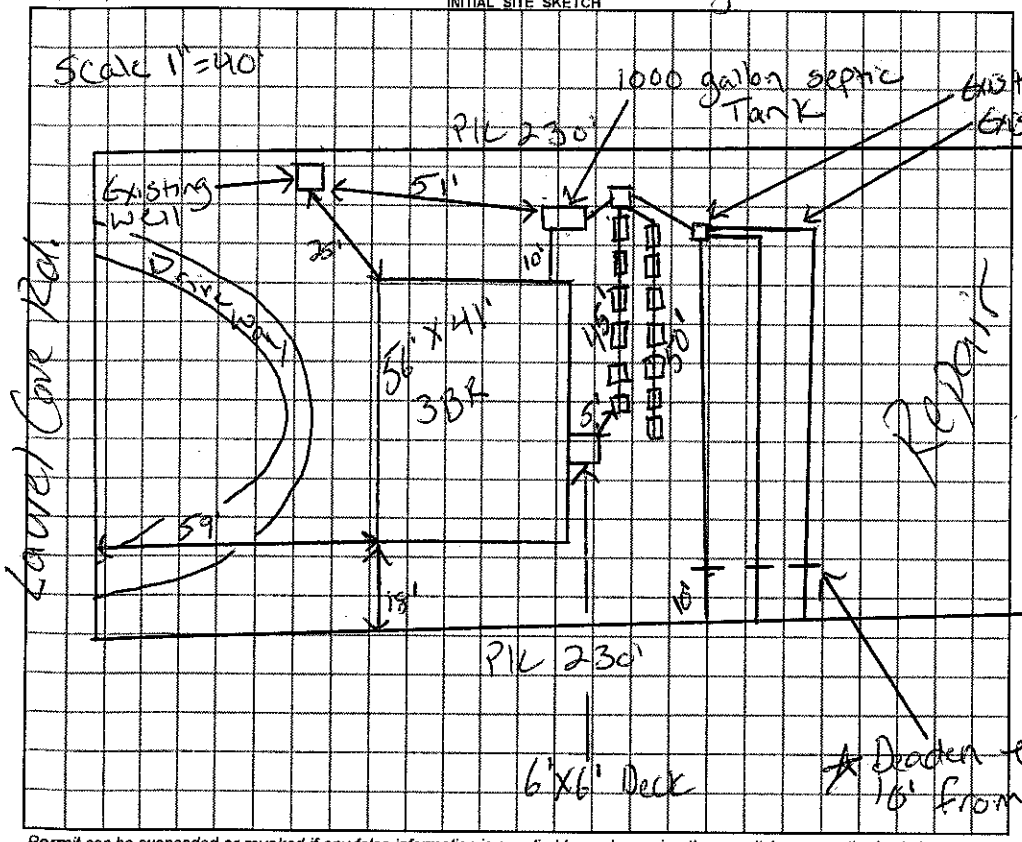
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

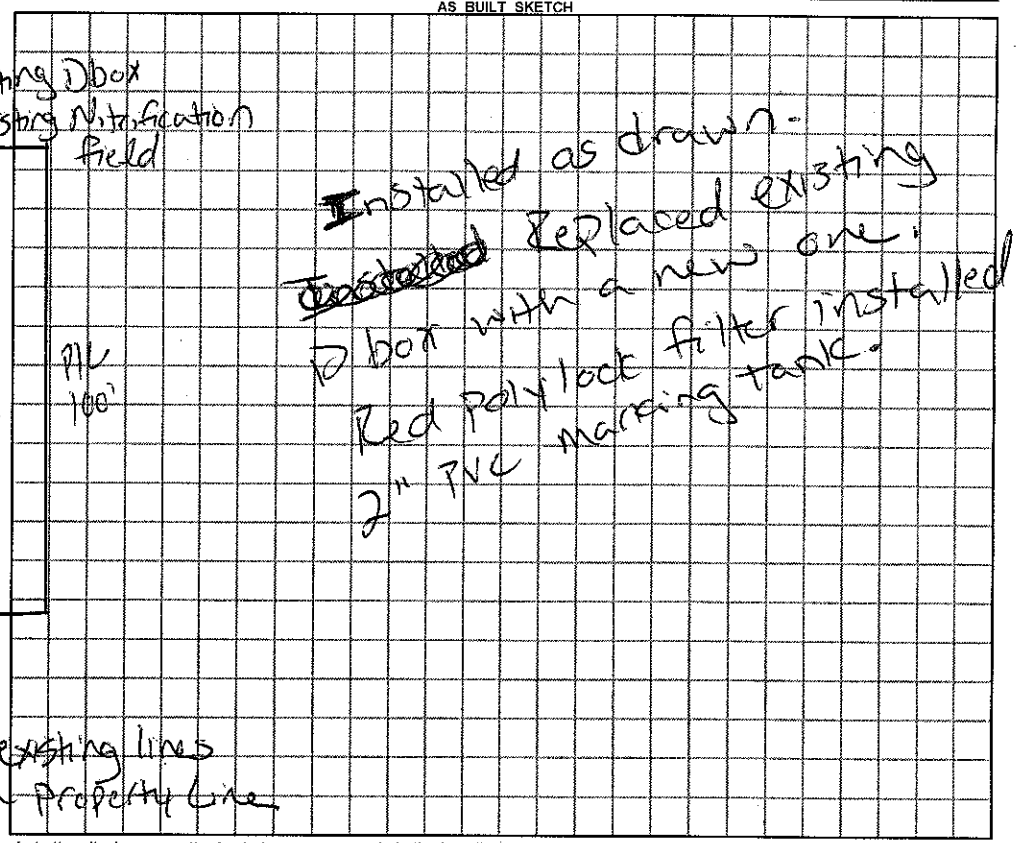
Comments / Conditions - Install 2 T+J Panel lines on Contour. Feed two new lines equally & existing lines fed last. Deaden existing line's 10' from property line. Pump & Crush existing tank

Repair designated as drip due to inaccessibility @ time of inspection

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 8-24-12 Installed by: A1 Backhoe

IMPROVEMENT PERMIT by: [signature] REHS Date 8-24-12 OPERATION PERMIT by: [signature] REHS Date 8-31-12

AUTHORIZATION TO CONSTRUCT by: [signature] REHS Date 8-24-12 Existing System Inspected by: ____ REHS Date ____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

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