IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 205036 BF

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

PIN # 4721716337

APPLICANT: Keith + Carrie Harrison APPLICANT ADDRESS: 104 Shadow Ridge Ct Statesville NC 28677

SITE ADDRESS: 659 East Monbo Rd Troutman NC 28166 PHONE: 704-528-1568 ALT. PHONE: 704-576-4018

SITE DIRECTIONS: 21S T/R Old Mtn Rd T/L E Monbo Rd Lot on left

SUBDIVISION: N/A SECTION: N/A LOT #: N/A LOT AREA: 17.65 ac DESIGN FLOW: 600 L.T.A.R.: 0.25

Septic Tank	1250 (gal)	STB	1013	Date	7-11-15
Pump Tank	N/A (gal)	PT	N/A	Date	N/A
Pump Make	N/A	Model	N/A	Serial #	N/A
# Nitrification Fields	1	# Lines	6	Linear Ft:	600
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A

[X] New System [ ] Repair [ ] Expansion System Type: I II [III] IV V VI

System Description: 25% Reduction

Repair System Description: 50% Reduction

Maintenance Agreement Required: [ ] YES [X] NO

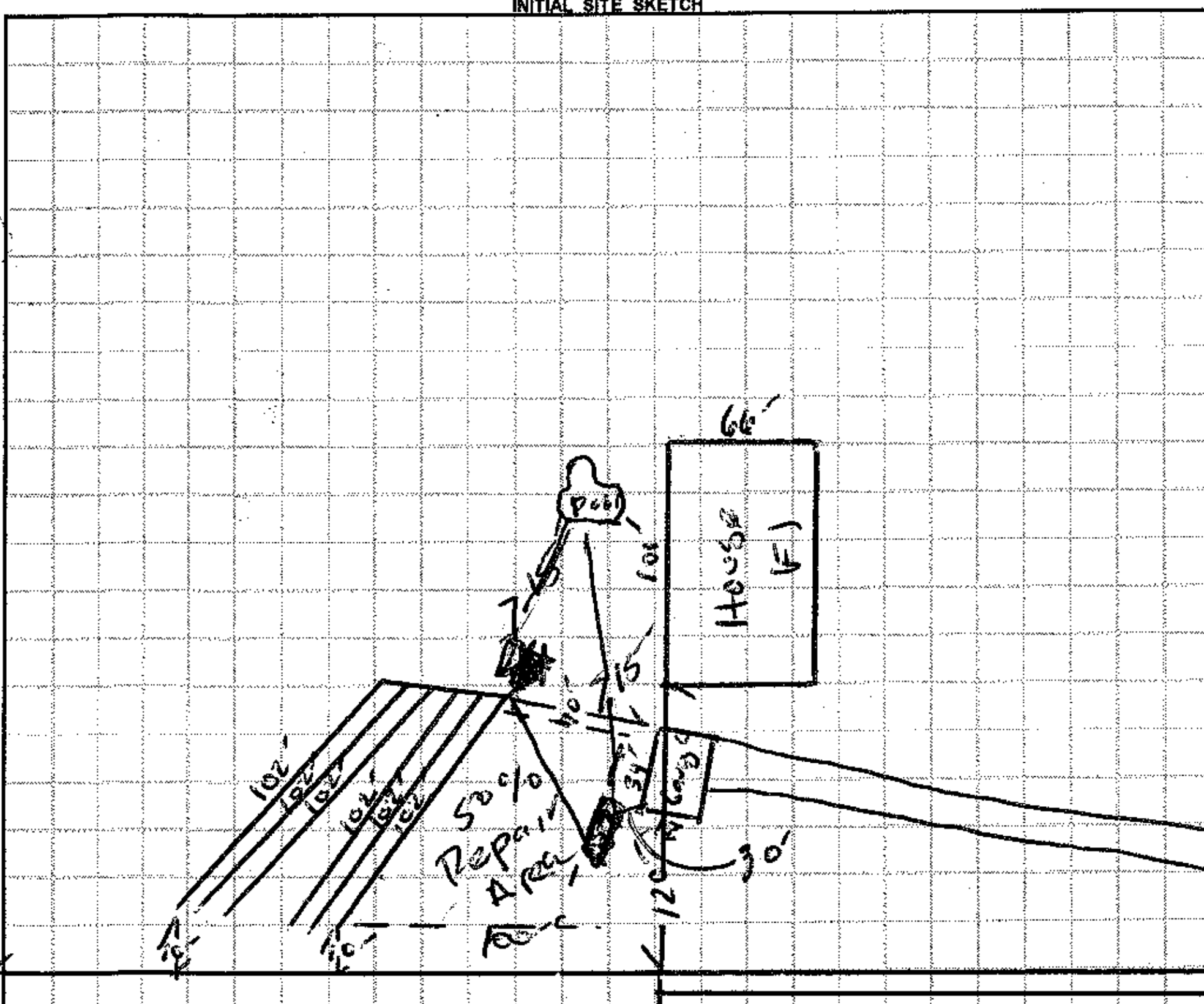
[X] GRAVITY [ ] PRESSURE

[X] Residence No. Bedrooms 5
[ ] Business No. Persons 10
[ ] Other No. Employees
[ ] Slab [ ] Crawl Space
[X] Basement w/plumbing [ ] Basement w/o plumbing

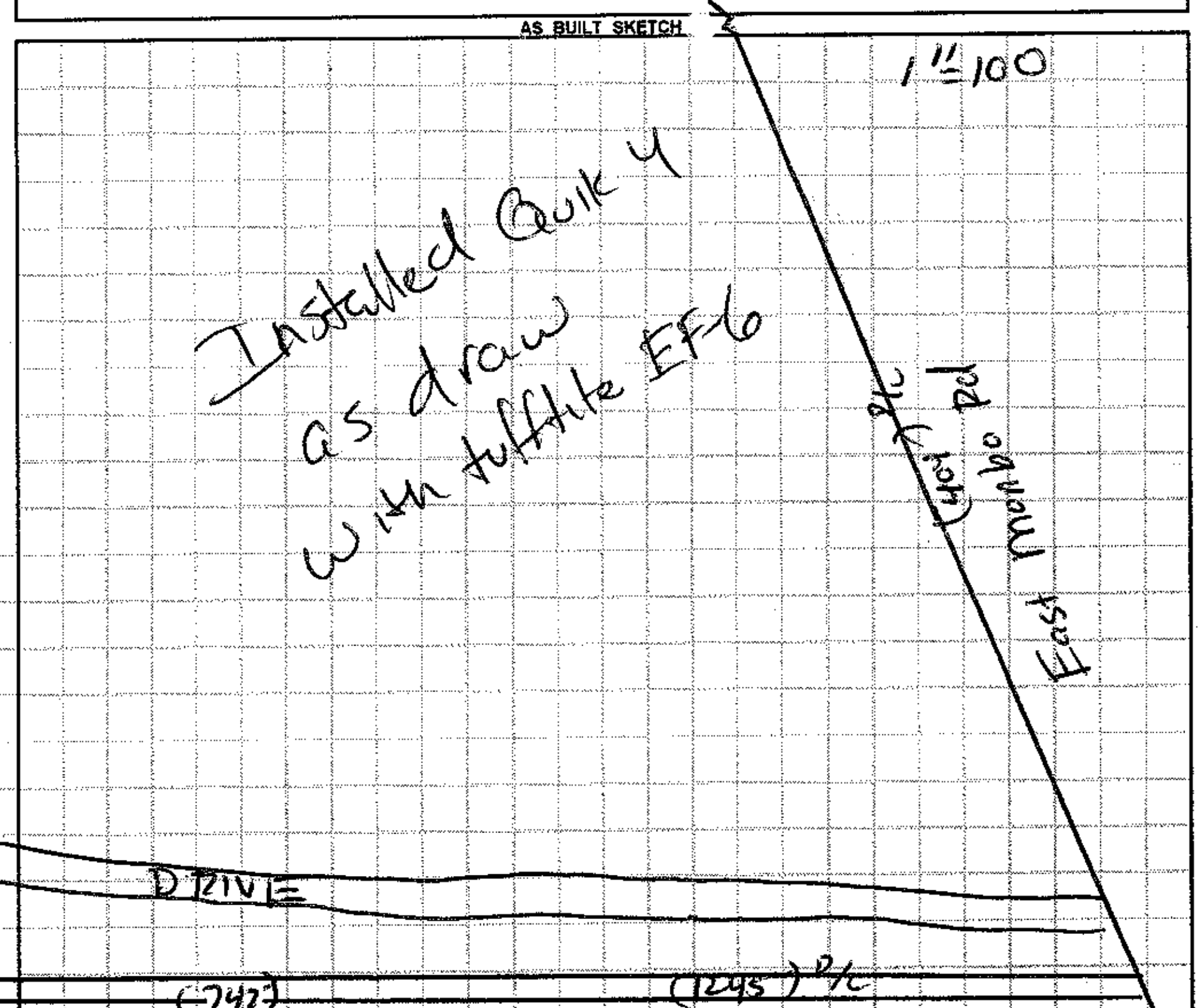
Water Supply: [X] Private [ ] Public [ ] Community

Comments / Conditions: Install 25% reduction on contour with serial distribution

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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

[ ] **IMPROVEMENT PERMIT *with plat*** *valid without expiration.* [X] **IMPROVEMENT PERMIT *with site plan*** *valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 09/18/15 Installed by: Rowan Septic

IMPROVEMENT PERMIT by: [signature] Date: 02/06/15 OPERATION PERMIT by: [signature] Date: 12/15/15

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 09/14/15 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK