IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 216361

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

PIN # 4746763250

APPLICANT: Kathie Hartness APPLICANT ADDRESS: 139 Strawberry Ln

SITE ADDRESS: 139 Strawberry Ln. PHONE: 704-876-6271 ALT. PHONE: 704-437-9674

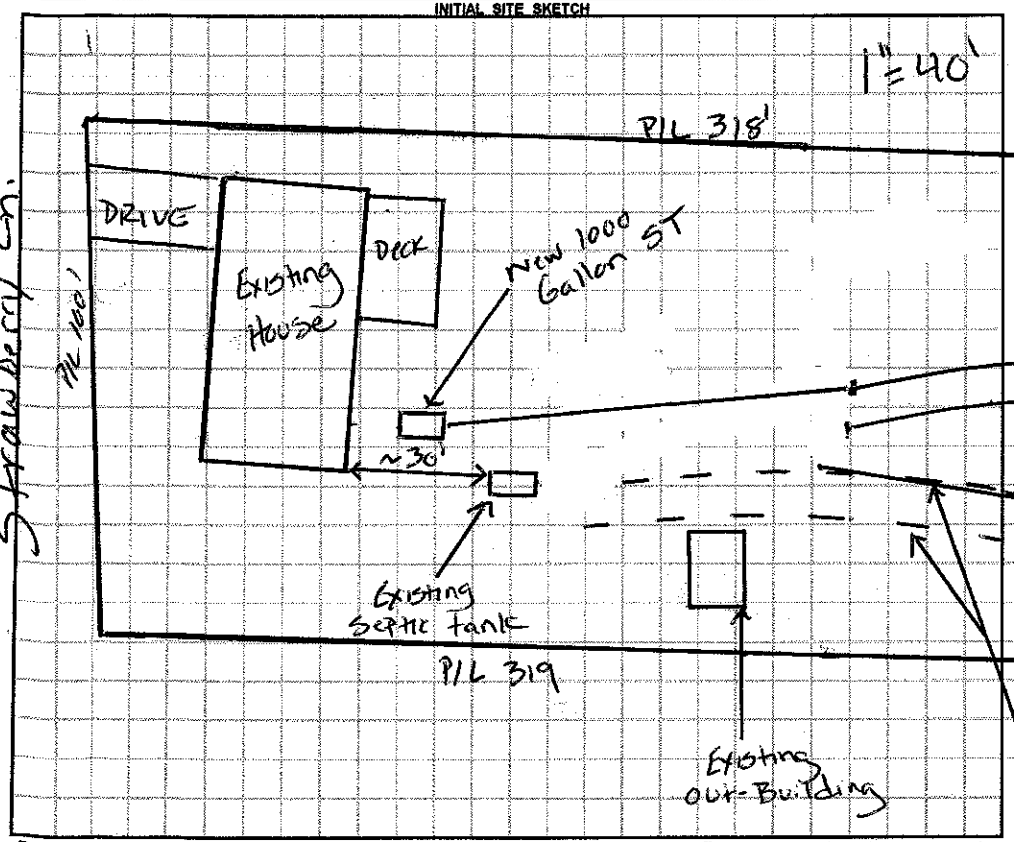
SITE DIRECTIONS: Hwy 21 N TR Strawberry Ln. Property on left

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 0.73 acres DESIGN FLOW: 360gpd L.T.A.R.: 0.25

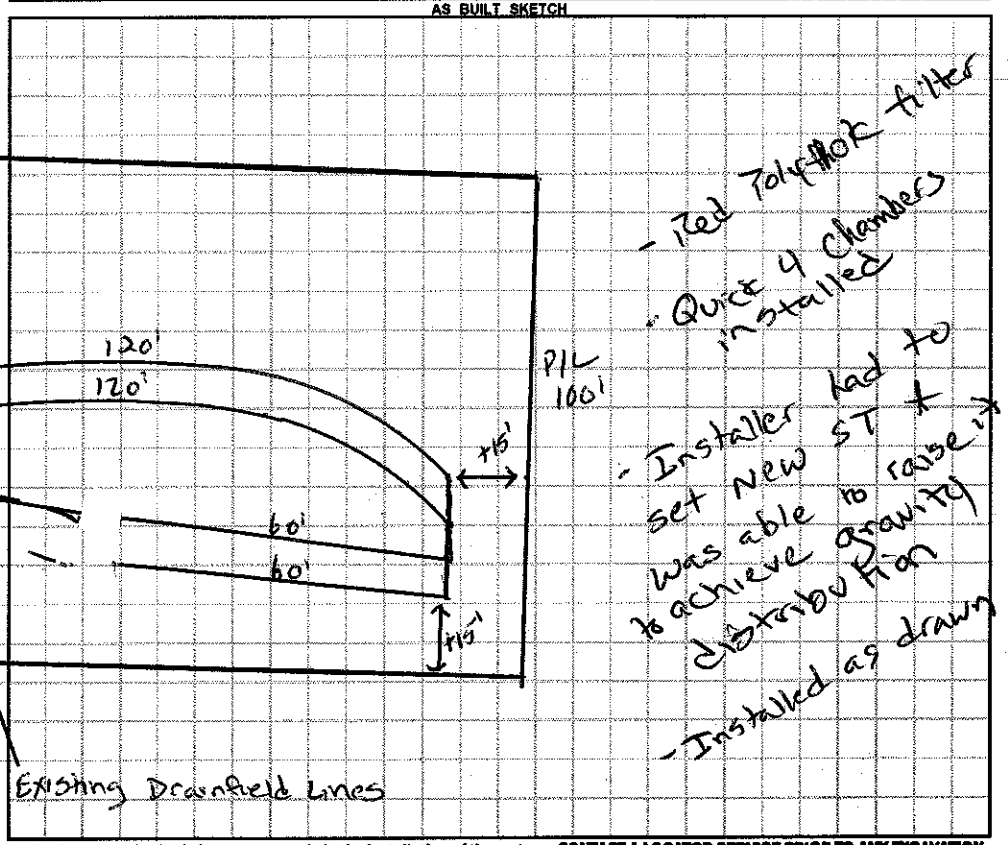
Septic Tank	Existing	(gal)	STB 760-1000	Date 11-15	☐ New System	☑ Repair	☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 3	Water Supply
Pump Tank	1000	(gal)	PT	Date	System Description: 25% Reduction - Pump				☐ Business	No. Persons 6	☐ Private
Pump Make		Model		Serial #	Repair System Description:				☐ Other	No. Employees	☑ Public
# Nitrification Fields	1	# Lines	4	Linear Ft: 360	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☐ Crawl Space	☐ Community
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth N/A		☐ GRAVITY	☑ PRESSURE		☑ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions: Install a 25% Reduction system on contour with parallel distribution. Replace septic tank if needed.

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.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Kathie Hartness Date: 3-9-16 Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Justin Henderson Date: 2-9-16 OPERATION PERMIT by: Justin Henderson Date: 3-8-16

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 2-9-16 Existing System Inspected by: Date:

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