IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 148040 PIN# 4776643801 DATE 14 April 08

OWNER OR APPLICANT Karen R. Wellington PHONE: Business _____ Home 704-546-5472

ADDRESS 113 Ford Ocho Dr. Harmony NC 28634

LOCATION 64 E (R) Barry Oak (R) Moles Corner, Corner of Mills - Sapphire

SUBDIVISION Mills Corner BLOCK/SECTION _____ LOT 21 LOT AREA 1.828 SITE CLASS _____ DESIGN FLOW 360 L.T.A.R. 125

Septic Tank: 1000 Gallons; STB _____ Date 3-11-07
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields ____ Square Feet 1440 Linear Feet 360
No Lines 4 Trench Width 36" Max Trench Bottom Depth 24

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 25% Reduction
Repair System Description: 25% reduction
Maintenance Agreement Required: ☐ Yes ☐ No
Gravel Depth N/A ☑ Gravity ☐ Pressure

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Persons 2 No. Employees ____

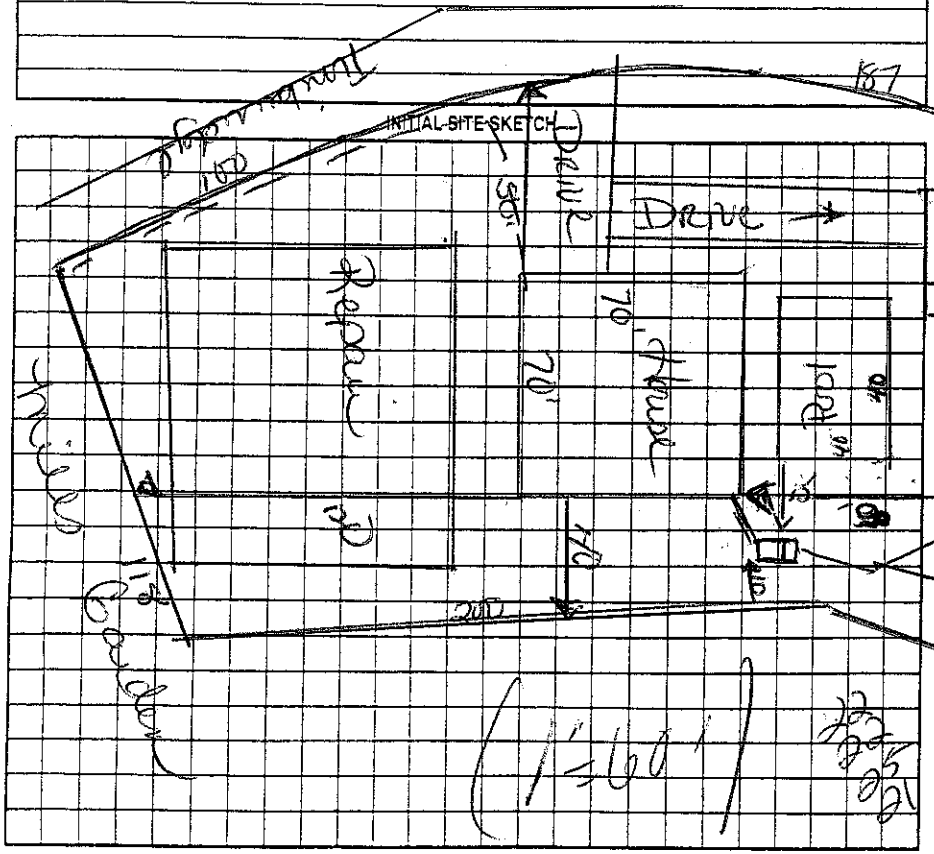
Water Supply: ☐ Individual ☑ Public ☐ Community

☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

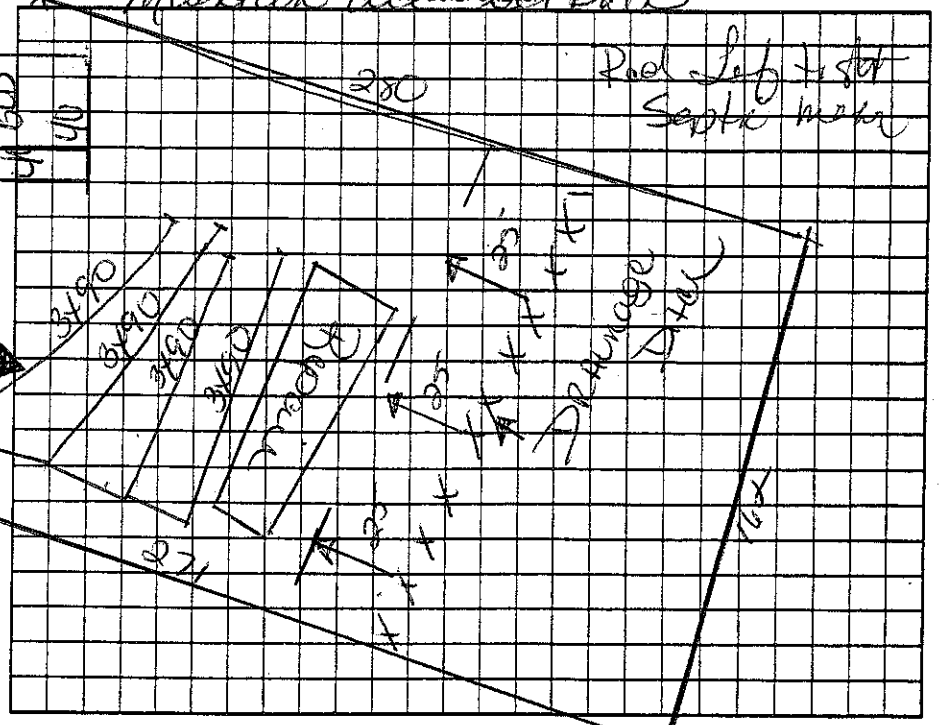
Comments:/Conditions:

Comments:/Conditions:
- Rake Sides, sides -
- 24" Trench Bottom -
- Install on Contour
- Maintain all Back

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 site plan valid for sixty months ☑ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

~~Signed~~: _____ date 4-14-08 Installed by: Brent Bolinger

Improvement Permit by: Kelly L Cox date 4-14-08 Operation Permit by: Kelly L Cox date 6-30-08

Authorization to Construct by: Kelly L Cox date 4-14-08 Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK