IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 20210 1

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

PIN # 4779088255

APPLICANT: Harmony Meadows LLC APPLICANT ADDRESS: 3480 Jim Johnson Rd.

SITE ADDRESS: 140 Bel-Aire Dr. PHONE: 704-792-7903 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 21 N TR Bel-Aire Dr.

SUBDIVISION: Harmony Meadows SECTION: 2 LOT # 20 LOT AREA: 0.58 acres DESIGN FLOW: 360 gpd L.T.A.R.: 0.25

Septic Tank 1000 (gal) STB 760-1600 Date 12-30
Pump Tank ____ (gal) PT ____ Date ____
Pump Make ____ Model ____ Serial # ____
Nitrification Fields 1 # Lines 5 Linear Ft: 360
Trench Width 36" Max. Trench Bottom Depth 30" Gravel Depth N/A

☑ 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 ☑ NO
☑ GRAVITY ☐ PRESSURE

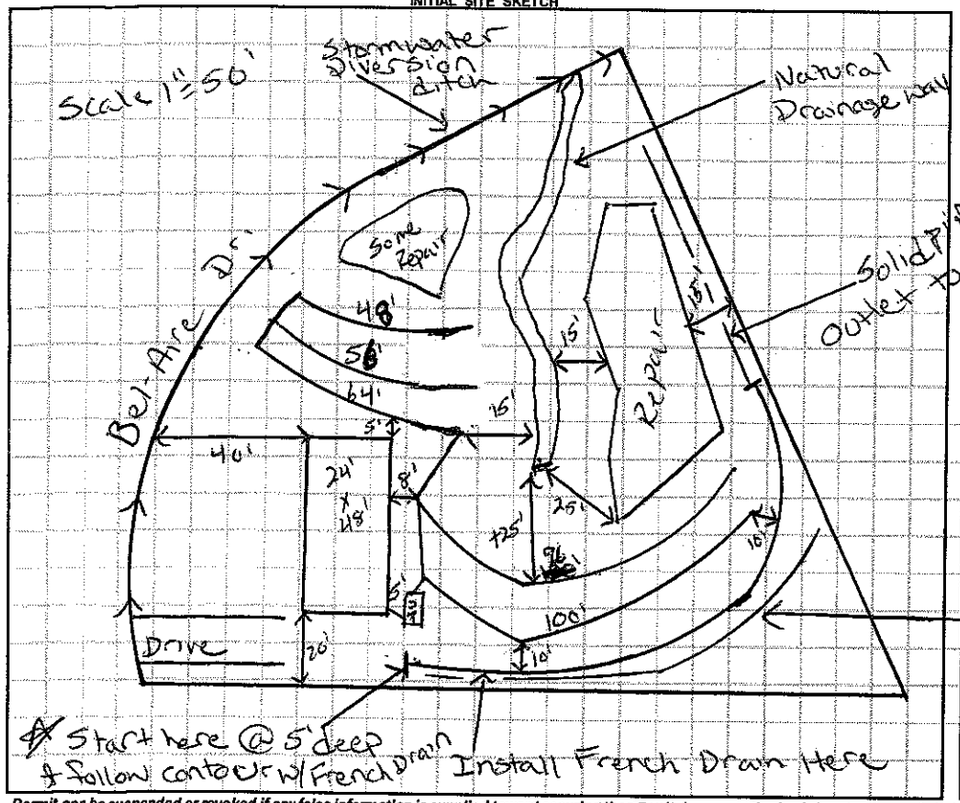
☑ Residence No. Bedrooms 3
☐ Business No. Persons 6
☐ Other No. Employees ____
☐ Slab ☑ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: Install a 25% Reduction system on contour with serial distribution. DO NOT Grade for House Site. Install a French Drain @ location shown below.

Start French Drain 5' deep & dig on contour around nitrification field, then solid pipe outlet & dig to daylight. Install surface diversion berm on high side of french drain.

INITIAL SITE SKETCH



AS BUILT SKETCH

- Red Polylok filter installed
- Quick 4 chamber installed
- House NOT set at time of installation.

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: [signature] Date: 4-2-14 Installed by: Al-Backhoe

IMPROVEMENT PERMIT by: Justin Henderson Date: 4-2-14 OPERATION PERMIT by: [signature] Date: 05/28/19

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 4-2-14 Existing System Inspected by: ____ Date: ____

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