IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 204857

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

PIN # 4779270860

APPLICANT: Christina Smyre APPLICANT ADDRESS: 101 Unit 5 JC Circle Mooresville NC 28115

SITE ADDRESS: 2824 Harmony Hwy Harmony NC 28634 PHONE: 704-252-0774 ALT. PHONE: N/A

SITE DIRECTIONS: 77N take Harmony Hwy exit house on right 6miles down

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 0.75ac DESIGN FLOW: 480 L.T.A.R.: 0.3

Septic Tank 1000 (gal) STB 160 Date 3-11-15
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 4 Linear Ft: 400
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

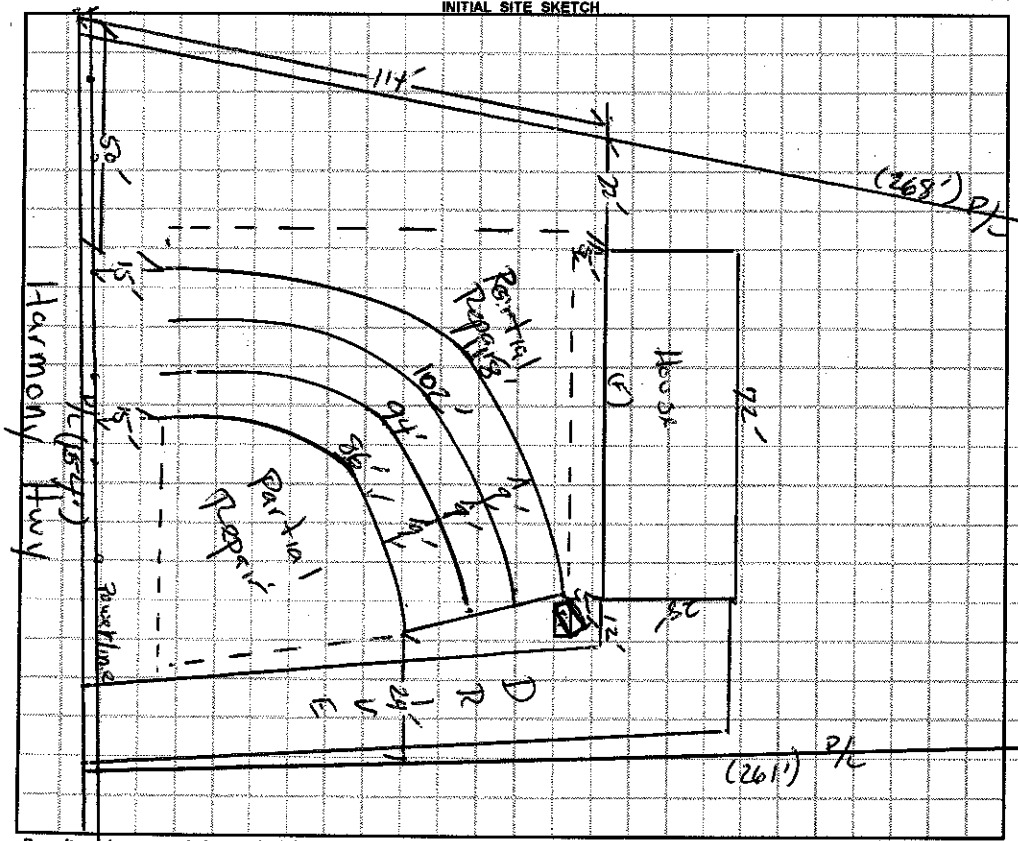
[X] New System [ ] Repair [ ] Expansion System Type: I II [III] IV V VI
System Description: 25% Reduction
Repair System Description: 50% Reduction
Maintenance Agreement Required: [ ] YES [X] NO
[X] GRAVITY [ ] PRESSURE

[X] Residence No. Bedrooms 4
[ ] Business No. Persons 8
[ ] Other No. Employees
[ ] Slab [X] Crawl Space
[ ] Basement w/plumbing [ ] Basement w/o plumbing

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

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

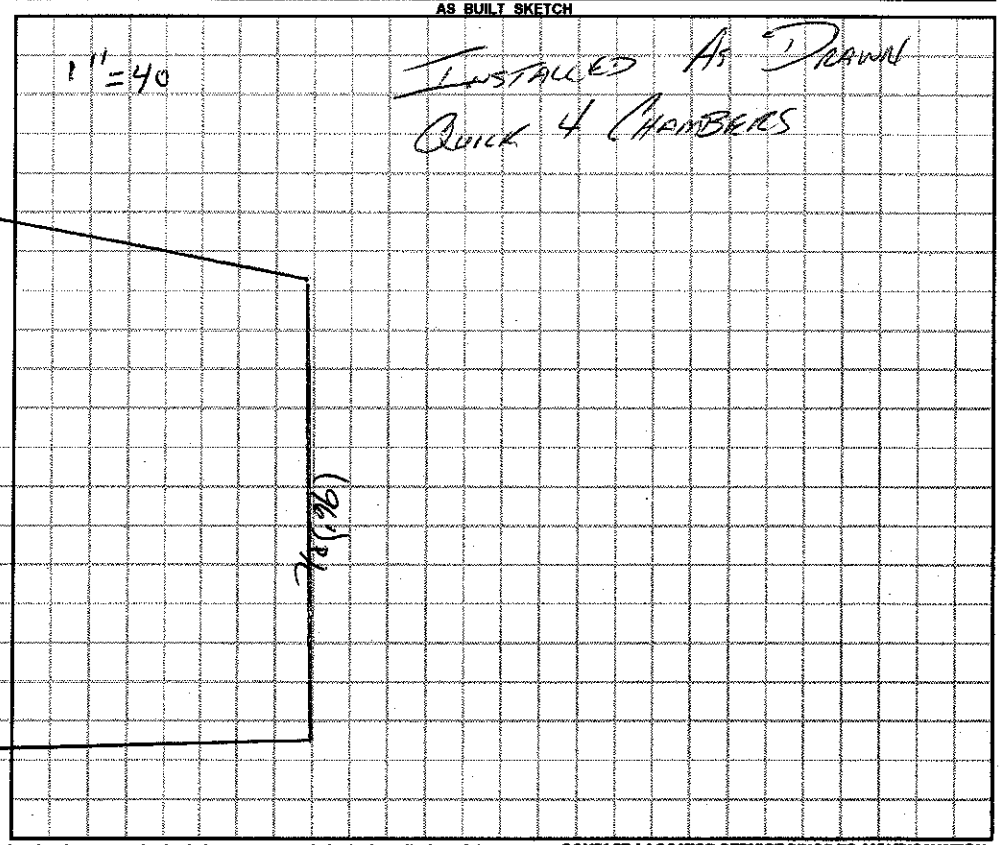
INITIAL SITE SKETCH



AS BUILT SKETCH

1" = 40

Installed As Drawn
Quick 4 Chambers



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: Date: 12/8/14 Installed by: Shawn Abee

IMPROVEMENT PERMIT by: Date: 11/17/14 OPERATION PERMIT by: Date: 5/1/15

AUTHORIZATION TO CONSTRUCT by: Date: 11/14/14 Existing System Inspected by: Date:

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