IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 2164466

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

PIN # 4789 ~~384019~~ 37-4912

APPLICANT: John E Verderrosa Jr APPLICANT ADDRESS: 312 Kinder Rd Harmony NC 28634

SITE ADDRESS: 306 Kinder Rd Harmony NC 28634 PHONE: 704-437-1063 ALT. PHONE: 704-902-1129

SITE DIRECTIONS: 77N T/R 21 T/R 901 T/R Kinder Rd Lot on left

SUBDIVISION: N/A SECTION: N/A LOT # 1 LOT AREA: 1.09ac DESIGN FLOW: 240 L.T.A.R.: 0.25

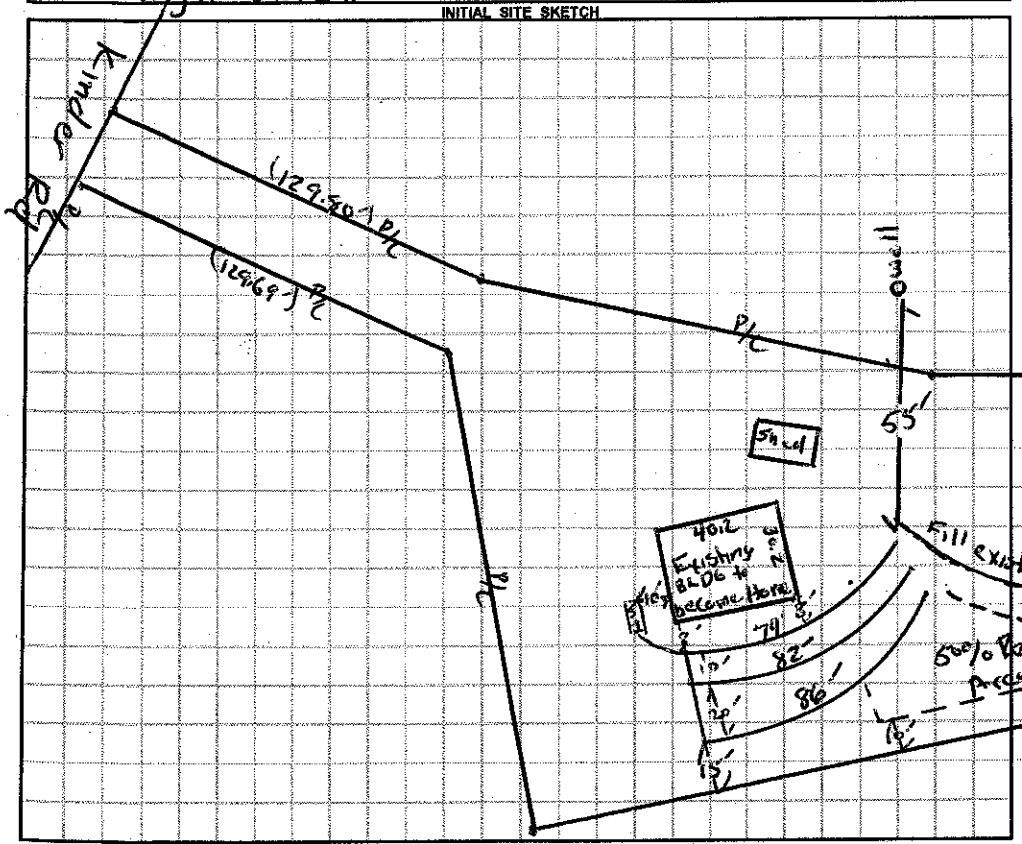
Septic Tank	1000	(gal)	STB	760	Date	2-17-16	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II [III] IV V VI	
Pump Tank	N/A	(gal)	PT	N/A	Date	N/A	System Description:	25% Reduction			
Pump Make	N/A	Model	Poly/Flo		Serial #	PL-68	Repair System Description:	50% Reduction			
# Nitrification Fields	1	# Lines	3		Linear Ft:	240	Maintenance Agreement Required:	[ ] YES	[X] NO		
Trench Width	36"	Max. Trench Bottom Depth	36"		Gravel Depth	N/A	[X] GRAVITY	[ ] PRESSURE			

[X] Residence No. Bedrooms 2
[ ] Business No. Persons 4
[ ] Other No. Employees
[ ] Slab [X] Crawl Space
[ ] Basement w/plumbing [ ] Basement w/o plumbing

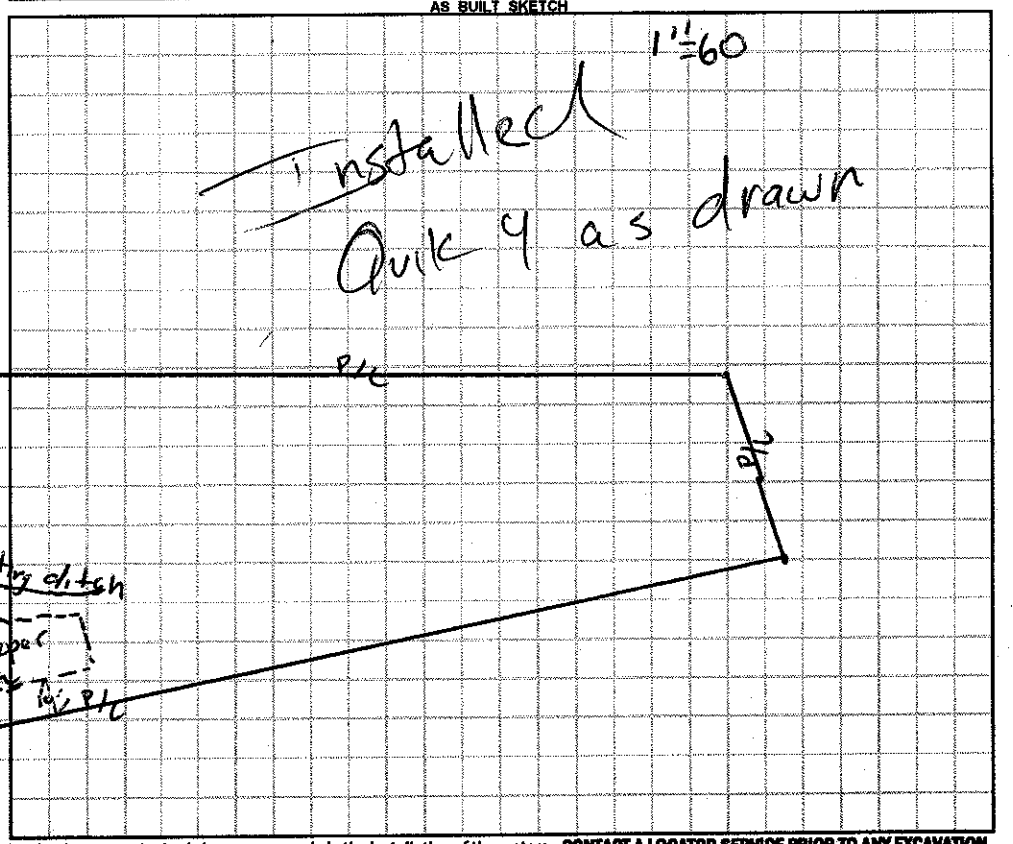
Water Supply: [X] Private [ ] Public [ ] Community

Comments / Conditions: Install 25% reduction on contour with serial distribution. Fill existing ditch at end of tail lines. *Maintain 36" TD on high side*

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: John E Verderrosa 2/23/16 Date: 2/23/16 Installed by: Randy Miller

IMPROVEMENT PERMIT by: [signature] Date: 02/23/16 OPERATION PERMIT by: [signature] Date: 04/19/16

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 04/06/16 Existing System Inspected by: Date:

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