IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 220739

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

PIN # 4789494906

APPLICANT: Steven Jenkins APPLICANT ADDRESS: 333 Euclid Ave. Statesville

SITE ADDRESS: 413 Kinder Rd.; Harmony PHONE: 704-380-2759 ALT. PHONE: N/A

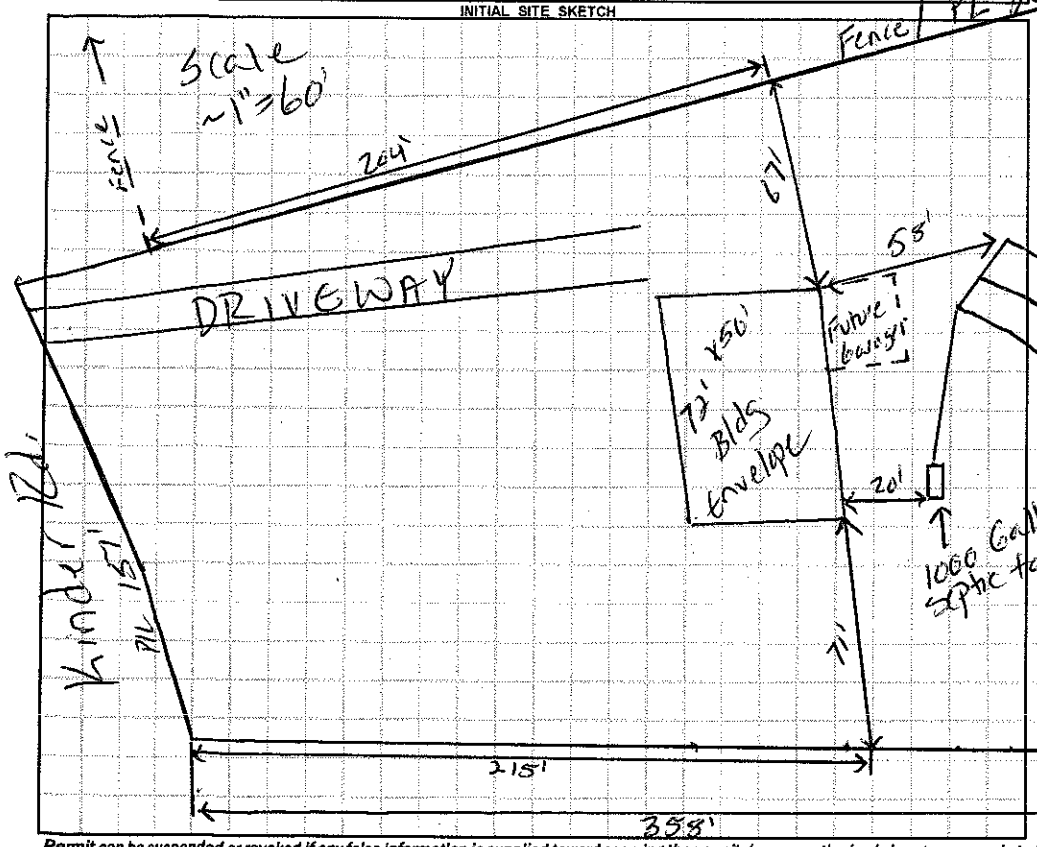
SITE DIRECTIONS: Hwy 21 N TR Hwy 901 TR Kinder Rd. Property on Right

SUBDIVISION: Spring Hill SECTION: N/A LOT # 2 LOT AREA: 3.86 acres DESIGN FLOW: 480gpd L.T.A.R.: 0.3

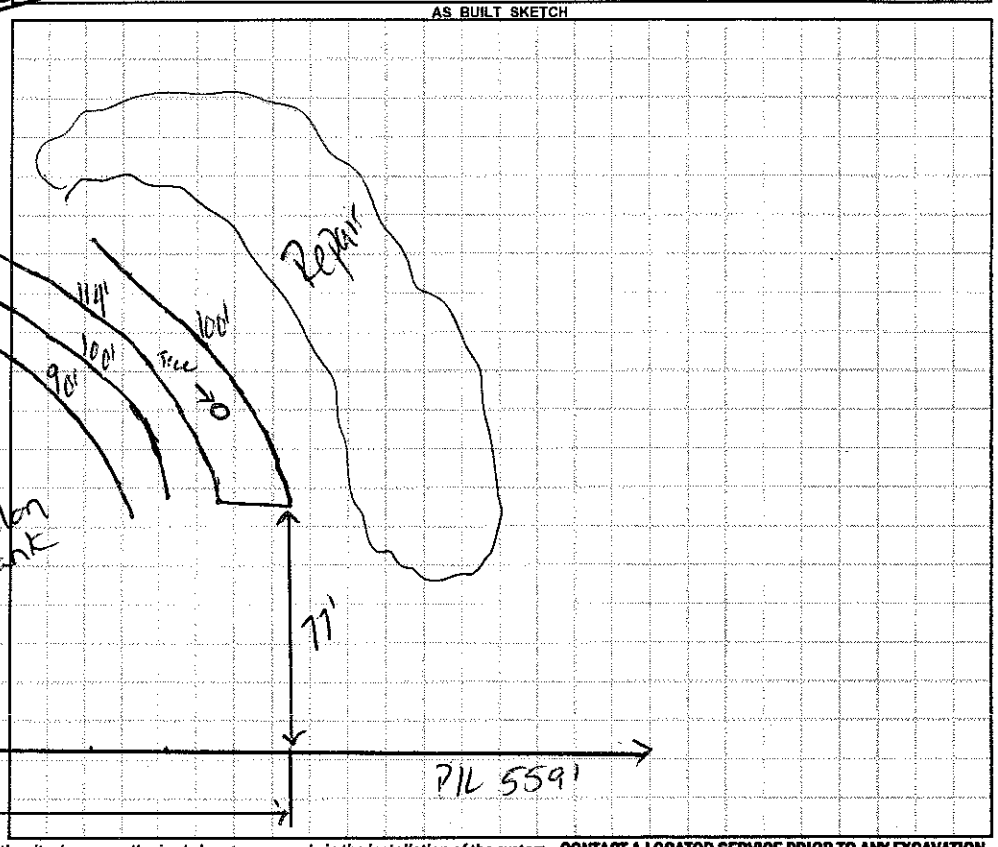
Septic Tank 1000 (gal)	STB 760	Date 8/19/16	☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 4	Water Supply
Pump Tank (gal)	PT	Date	System Description: 25% Reduction	☐ Business	No. Persons 8	☑ Private
Pump Make	Model	Serial #	Repair System Description: 25% Reduction	☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines 4	Linear Ft: 400	Maintenance Agreement Required: ☐ YES ☑ NO	☐ Slab	☑ Crawl Space	☐ Community
Trench Width 36"	Max. Trench Bottom Depth 27"	Gravel Depth N/A	☑ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Install a 25% Reduction System on Contour with Serial distribution.

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 ___ year(s) to IMPROVEMENT PERMIT—not to exceed 60 mo.

Owner / Applicant Signature: Steven Jenkins Date: 9/22/16 Installed by: Brent Brookshire

IMPROVEMENT PERMIT by: Justin Mendenhall Date: 9-12-16 OPERATION PERMIT by: [signature] Date: 10/19/16

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 09/21/16 Existing System Inspected by: Date:

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