IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 213730

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

PIN # 4799227825 v

APPLICANT: Zachariah M. Gaither APPLICANT ADDRESS: 5013 Henderson Rd Hamptonville NC 27020

SITE ADDRESS: 219 Loganway Rd Harmony NC 28634 PHONE: 336-468-1338 ALT. PHONE: 704-881-2413

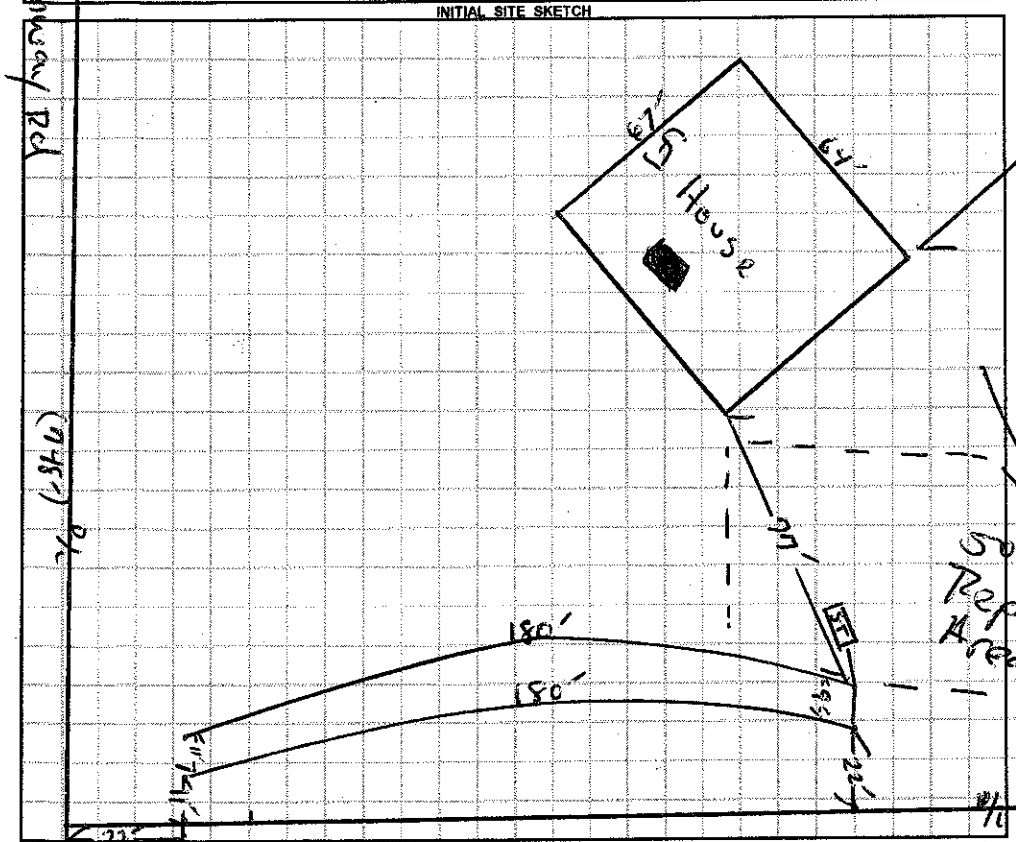
SITE DIRECTIONS: 21N T/R 901 T/L Loganway At end on left.

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 2.77ac DESIGN FLOW: 360 L.T.A.R.: 0.25

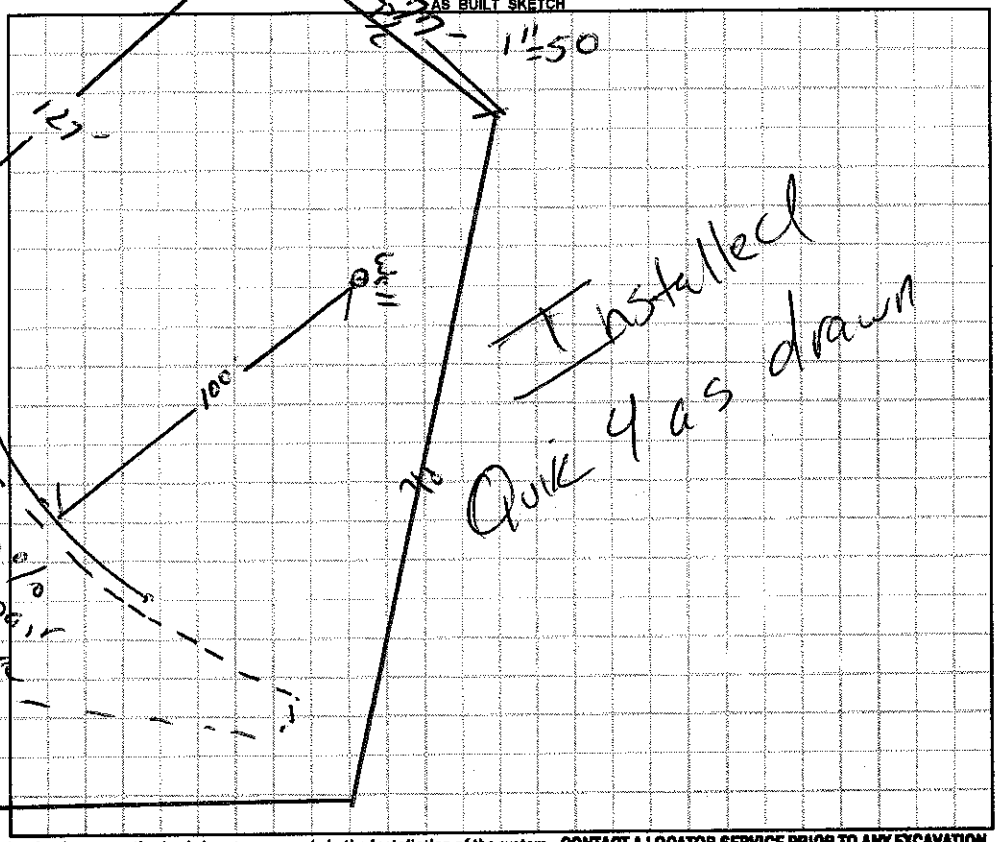
Septic Tank	1000	(gal)	STB	760	Date	1-4-16	☒ New System	☐ Repair	☐ Expansion	System Type: I II ☒III IV V VI	☒ Residence	No. Bedrooms	3	Water Supply			
Pump Tank	N/A	(gal)	PT	N/A	Date	N/A	System Description:	25% Reduction			☐ Business	No. Persons	6	☒ Private			
Pump Make	N/A	Model	Poly-Flo		Serial #	PL-68	Repair System Description:	30% Reduction			☐ Other	No. Employees		☐ Public			
# Nitrification Fields	1	# Lines	1/2		Linear Ft:	360	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space		☐ Community			
Trench Width	36"	Max. Trench Bottom Depth	36"		Gravel Depth	N/A		☒ GRAVITY	☐ PRESSURE		☒ Basement w/plumbing			☐ Basement w/o plumbing			

Comments / Conditions: Install 25% reduction on contour with Serial distribution. 6ft basement cut allowed. minimum trench depth 24"

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 period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Zachariah M Gaither Date: 10-23-15 Installed by: TB Grading & Septic

IMPROVEMENT PERMIT by: Date: 10/14/15 OPERATION PERMIT by: Date: 04/13/16

AUTHORIZATION TO CONSTRUCT by: Date: 10/15/15 Existing System Inspected by: Date:

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