IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 218745

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

PIN # 4851984554

APPLICANT: Beverly Evans APPLICANT ADDRESS: 299 Jericho Rd Harmony NC

SITE ADDRESS: 299 Jericho Rd Harmony NC PHONE: 704-539-4533 ALT. PHONE: 704-818-8527

SITE DIRECTIONS: 77N T/R 901 T/R Jericho Rd House on right

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 1 ac DESIGN FLOW: 360 L.T.A.R.: 0.3

Septic Tank Ex (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 2 Linear Ft: 120

Trench Width 72" Max. Trench Bottom Depth 48" Gravel Depth N/A

☐ New System ☑ Repair ☐ Expansion System Type: I II ☒ III IV V VI

System Description: 25% Reduction High Capacity Bed

Repair System Description:

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees

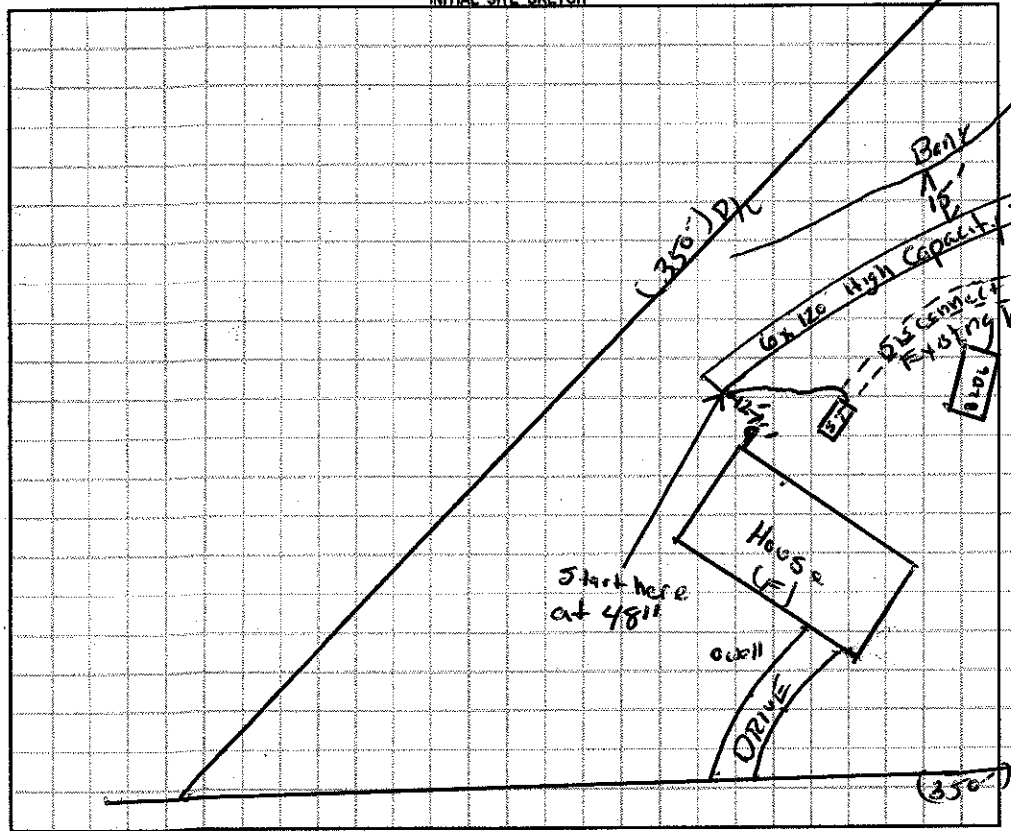
☐ Slab ☐ Crawl Space

☒ Basement w/plumbing ☐ Basement w/o plumbing

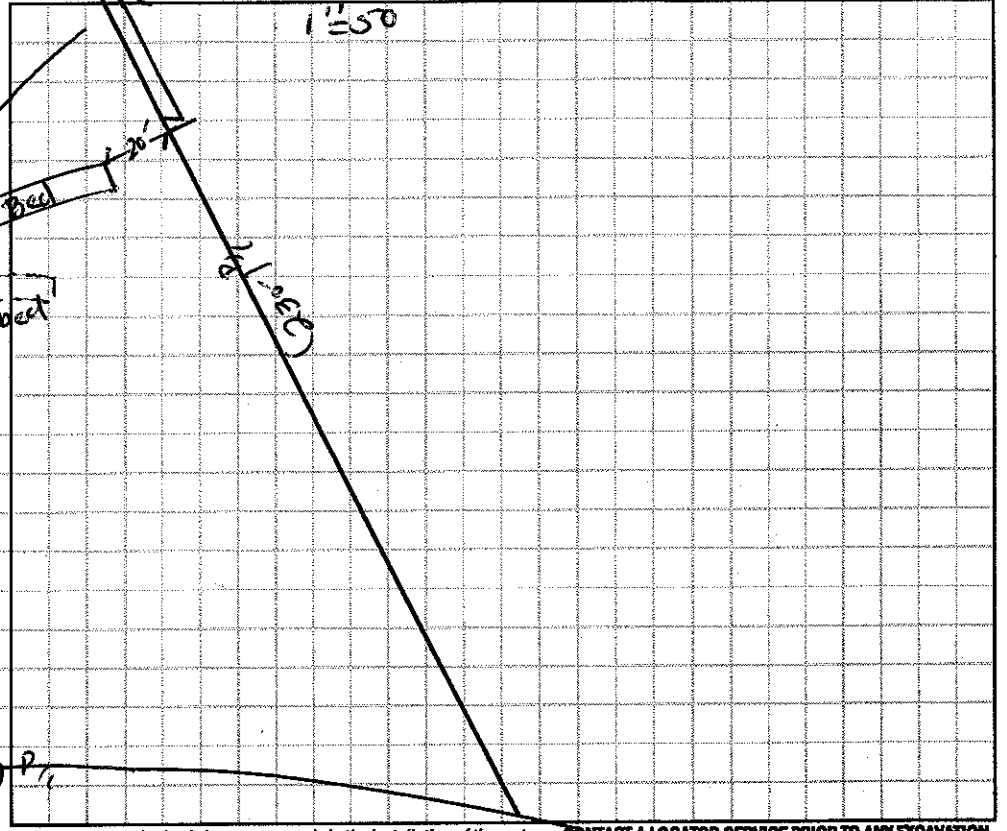
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install 25% reduction high capacity Bed on contour with serial distribution. Check tank check tee replace if needed

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: Beverly Evans Date: 5.26.16 Installed by: Sammy Reaves

IMPROVEMENT PERMIT by: Date: 05/25/16 OPERATION PERMIT by: Date: 6/17/16

AUTHORIZATION TO CONSTRUCT by: Date: 05/25/16 Existing System Inspected by: Date:

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