IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 203731

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

PIN # 4861584054

APPLICANT: Melani Farrell APPLICANT ADDRESS: 539 Colony Ct Statesville NC 28677

SITE ADDRESS: 126 QCC Dr, Harmony NC 28634 PHONE: 704-928-5421 ALT. PHONE: N/A

SITE DIRECTIONS: 77N to 901 exit T/R then T/R on QCC follow Strait to end.

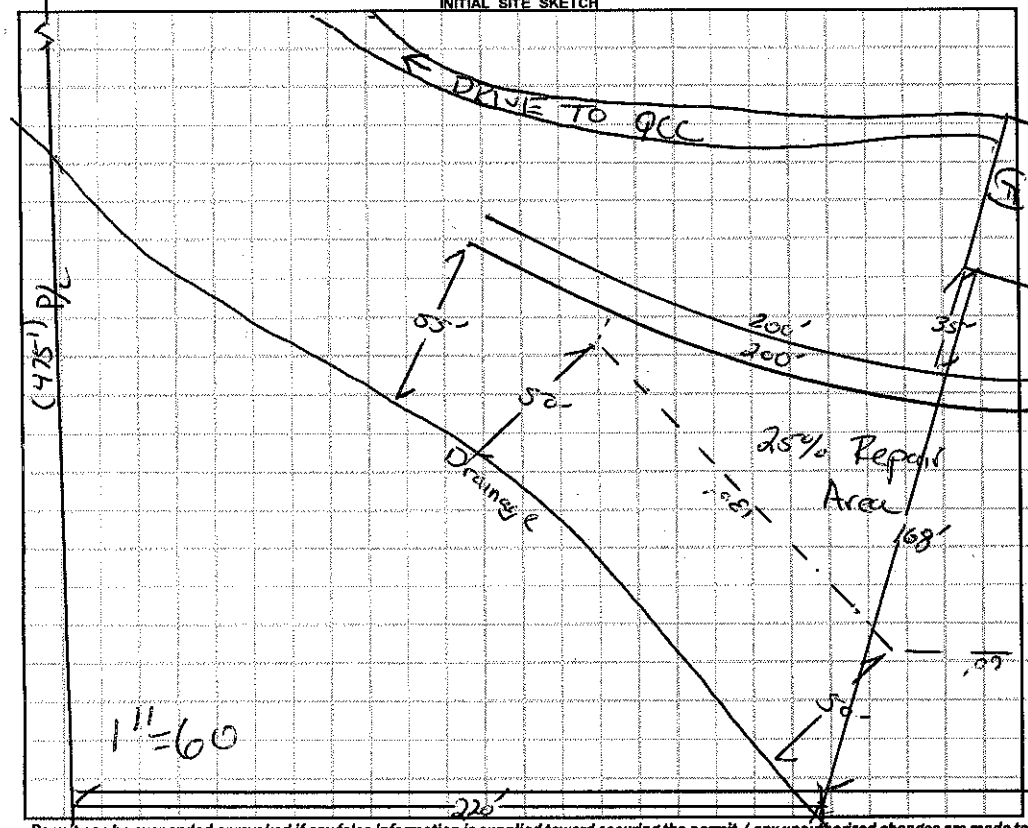
SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 12 ac DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	1017	Date	7-12-14	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II (III) IV V VI	[X] Residence	No. Bedrooms 4
Pump Tank	N/A (gal)	PT	N/A	Date	N/A	System Description:	25% Reduction			[ ] Business	No. Persons 8
Pump Make	N/A	Model	Tuffite	Serial #	EF4	Repair System Description:	25% Reduction			[ ] Other	No. Employees
# Nitrification Fields	1	# Lines	2	Linear Ft:	400	Maintenance Agreement Required:	[ ] YES	[X] NO		[ ] Slab	[X] Crawl Space
Trench Width	36"	Max. Trench Bottom Depth	30"	Gravel Depth	N/A		[X] GRAVITY	[ ] PRESSURE		[ ] Basement w/plumbing	[ ] Basement w/o plumbing

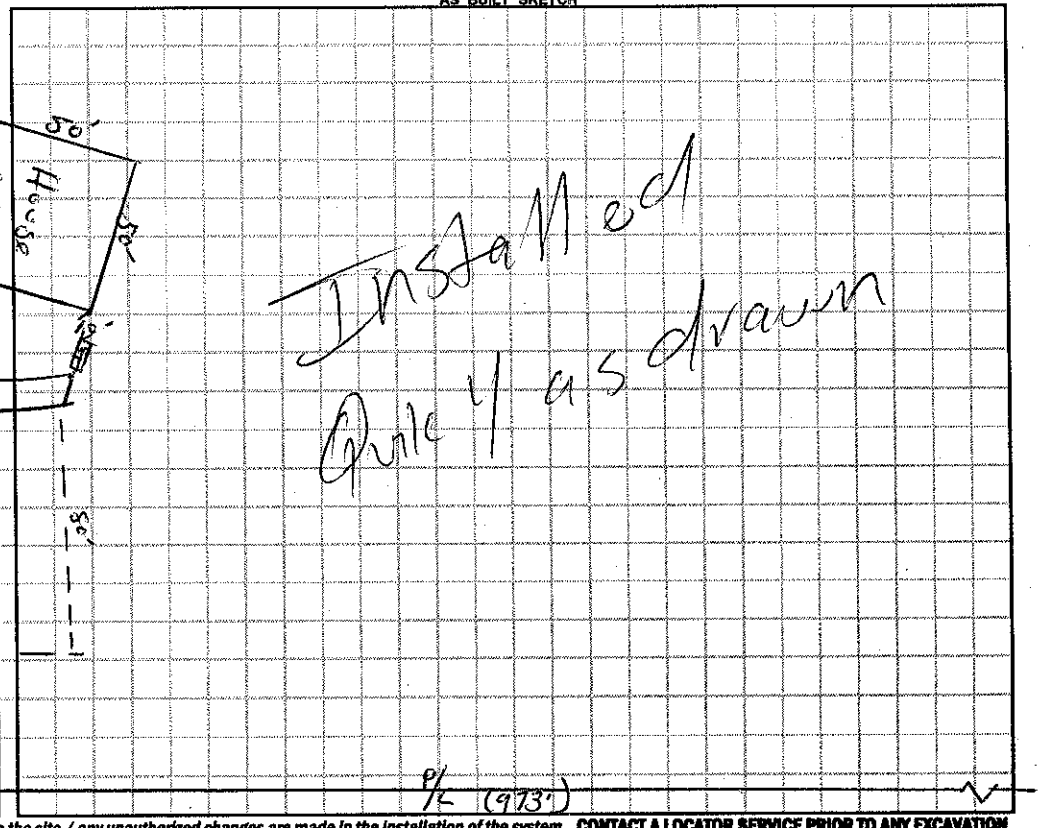
Water Supply: [X] Private [ ] Public [ ] Community

Comments / Conditions: Install 25% on Contour with Serial distribution. Improvement permit only must submit ~~plot~~ plan.

INITIAL SITE SKETCH



AS BUILT SKETCH



Installed as drawn

Quick Flush

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: Melani Farrell Date: 23 Jun 2014 Installed by: Tommy Fryer

IMPROVEMENT PERMIT by: Date: 06/18/14 OPERATION PERMIT by: Date: 11/20/14

AUTHORIZATION TO CONSTRUCT by: Date: 06/23/14 Existing System Inspected by: Date:

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