3:30

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 175972

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

PIN # 4862355446 5232

APPLICANT: Brian Howard APPLICANT ADDRESS: 160 Crater Rd / Harmony, NC 28634

SITE ADDRESS: 160 Crater Rd / Harmony, NC PHONE: 704-539-4099 ALT. PHONE:

SITE DIRECTIONS: I77 N, (R) on exit 65, (L) on Winthrop Church, (R) Crater, 3rd Drive on left to end

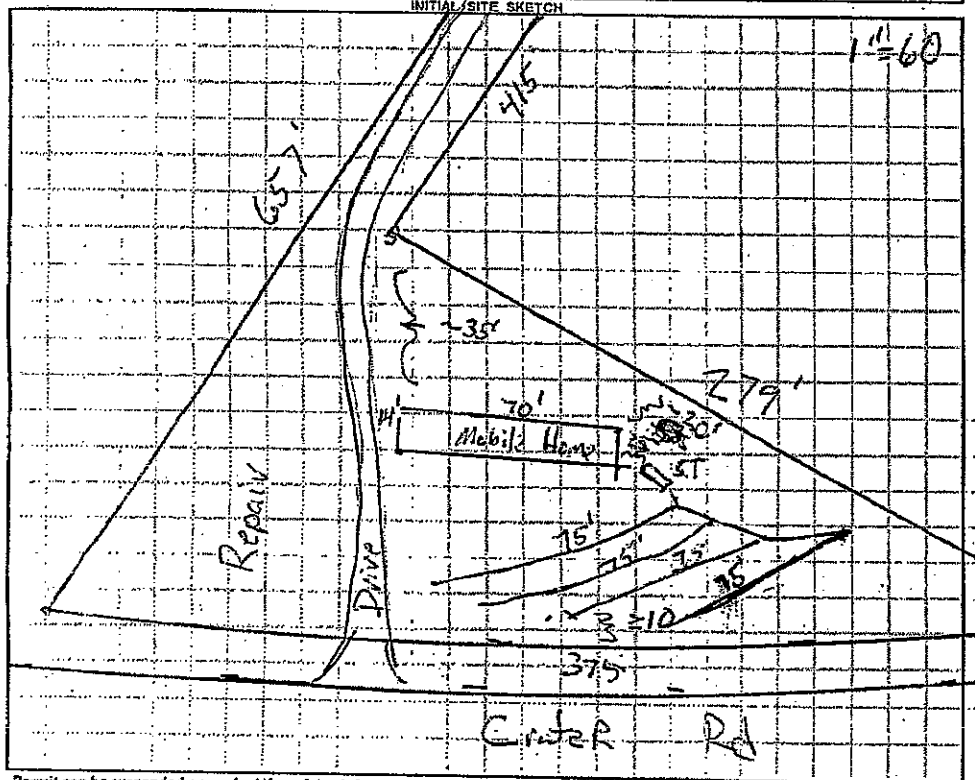
SUBDIVISION: n/a SECTION: n/a LOT # n/a LOT AREA: 2.04 Ac DESIGN FLOW: ~~360~~ 480 L.T.A.R.: .4

Septic Tank	1000 (gal)	STB	760	Date	10-12-12	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT		Date		System Description:	25% Reduction Gravity	☐ Business	No. Persons 8
Pump Make		Model		Serial #		Repair System Description:	25% Reduction Gravity	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft:	~~525~~ 300	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	n/a	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

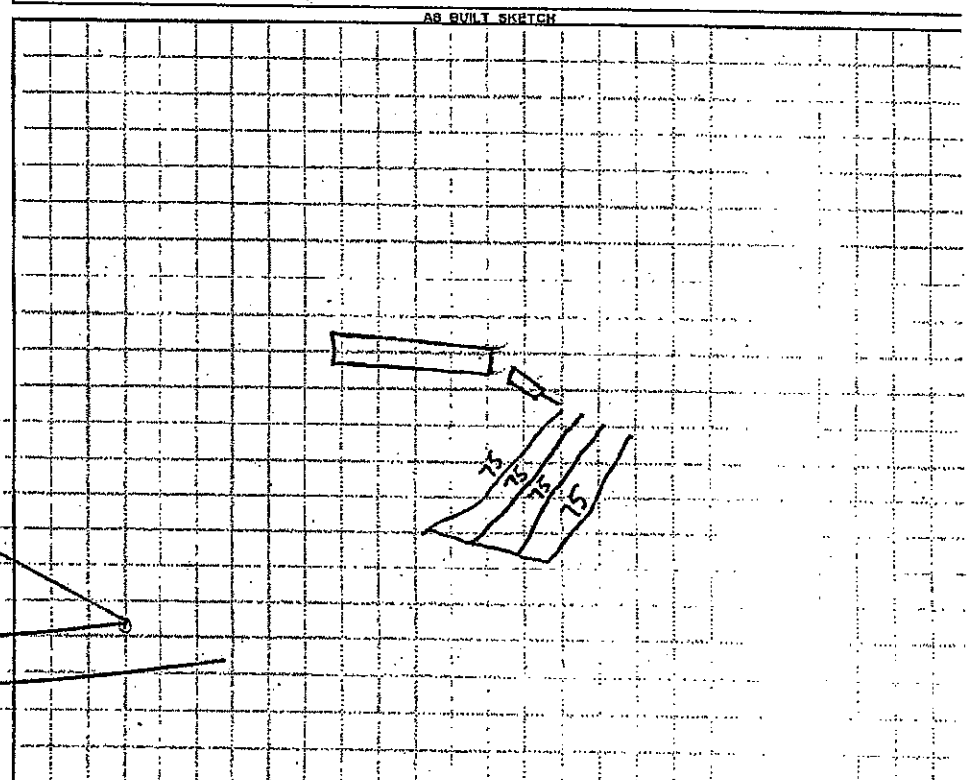
Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions:

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: [signature] Date: 12-27-12 Installed by: Crunter Grading

IMPROVEMENT PERMIT by: [signature] Date: 12-14-12 OPERATION PERMIT by: [signature] Date: 1-23-13

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 12-19-12 Existing System Inspected by: Date:

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