IREDELL COUNTY HEALTH DEPARTMENT - *ENVIRONMENTAL HEALTH* ☑ STATESVILLE OFFICE 704-878-5305 ☐ MOORESVILLE OFFICE 704-664-5281

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

PERMIT # 17257G PIN # 4863500737 DATE 5-24-12

OWNER Jennifer Revollar APPLICANT: Same PHONE: Home/Cell # 704-883-2438 Business # N/A

SITE ADDRESS 143 Whispering Dr. Harmony NC OWNER / APPLICANT ADDRESS 143 Whispering Dr. Harmony NC

SITE DIRECTIONS Eagle Mills Rd; L on Trivette Rd; R on Whispering Dr.

SUBDIVISION CHESHIRE RIDGE BLOCK / SECTION N/A 3 LOT # N/A 29 LOT AREA 1.0 acres DESIGN FLOW 360 gpd L.T.A.R. 0.3

Septic Tank Existing Gallons: STB ____ Date ____
Pump Tank ____ Gallons: P T ____ Date ____
Pump Make ____ Model ____ Serial # ____
No. Nitrification Fields: 1 No. Lines 4 Linear Feet 400
Trench Width 36" Max. Trench Bottom Depth 30" Gravel Depth 12"

☐ New System ☐ Repair ☐ Expansion System Type I (II) III IV V Vi
System Description: Existing
Repair System Description: Conv. gravity
Maintenance Agreement Required ☐ YES ☑ NO
☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 3
☐ Business No. Persons ____
☐ Other No. Employees ____
☐ Slab ☐ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

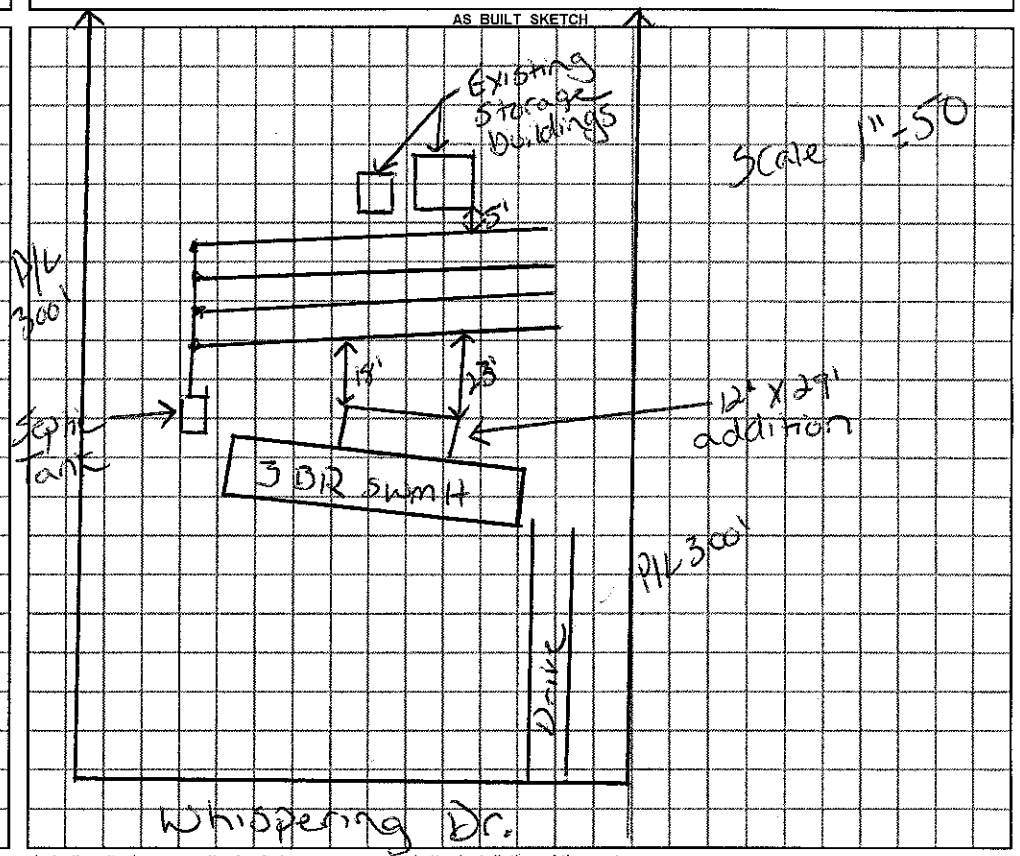
Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions

- Addition shall maintain at least 5' from all parts of septic tank system

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.

☐ ***IMPROVEMENT PERMIT*** *with plat valid without expiration.* ☐ ***IMPROVEMENT PERMIT*** *with plat ~~valid without expiration~~ site plan valid 60 mo.* ☐ ***AUTHORIZATION TO CONSTRUCT*** valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Jennifer Revollar Date 5-25-12 Installed by: ____

IMPROVEMENT PERMIT by: ____ ***REHS*** Date ____ OPERATION PERMIT by: ____ ***REHS*** Date ____

AUTHORIZATION TO CONSTRUCT by: ____ ***REHS*** Date ____ Existing System Inspected by: Justin Henderson ***REHS*** Date 5-24-12

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

White Copy – Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant