IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 20795 8

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

PIN # 4870420680

APPLICANT: North Iredell American Legion APPLICANT ADDRESS: Po Box 62 Harmony

SITE ADDRESS: 3085 Harmony Hwy PHONE: 704-902-5325 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 21 N Property on Left just before Alexander Farm Rd

SUBDIVISION: North Iredell American Legion SECTION: N/A LOT # 1 LOT AREA: 2.0 acres DESIGN FLOW: 784gpd L.T.A.R.: 0.25

Septic Tank 1000 (gal) STB 1000 Date 4-16-15
~~Pump Tank~~ 750 Grease (gal) PT 1000 Date 6-9-15
Pump Make TRAP Model Serial #
Nitrification Fields 1 # Lines 4 Linear Ft: 288
Trench Width 36" Max. Trench Bottom Depth 30" Gravel Depth N/A

☑ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: 25% Reduction
Repair System Description: 25% Reduction
Maintenance Agreement Required: ☐ YES ☑ NO
☑ GRAVITY ☐ PRESSURE

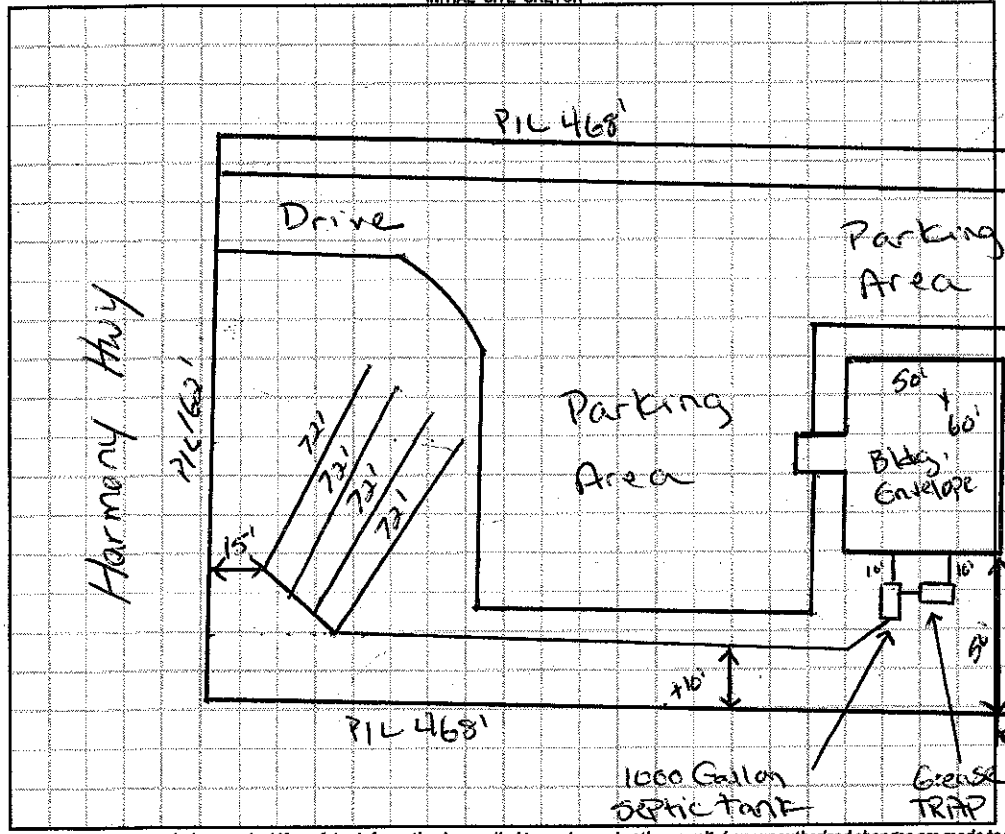
☐ Residence No. Bedrooms
☐ Business No. Persons 265
☑ Other American Legion No. Employees
☐ Slab ☐ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☐ Community

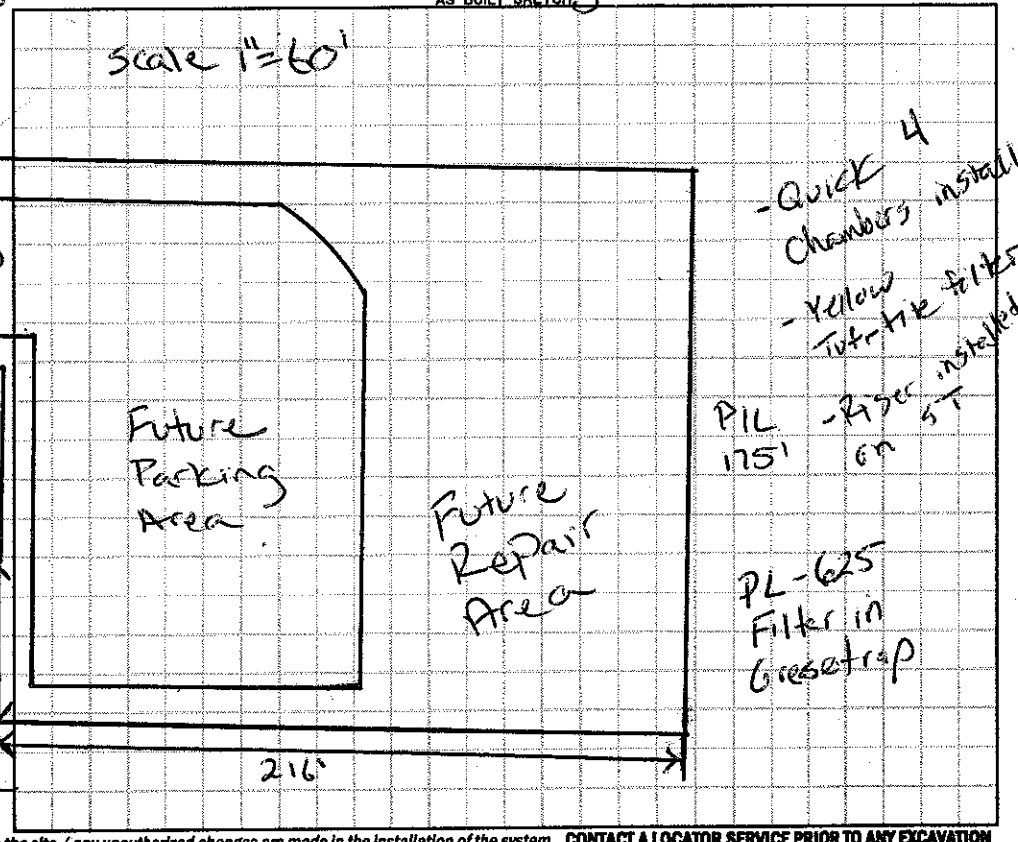
Comments / Conditions: Install a 25% Reduction system on contour with serial distribution. Plumb all domestic waste into septic tank & Plumb all kitchen waste into GREASE TRAP!!

Design Flow Approved by TRISH ANGEL of 107gpd/person. Permit is specifically approved for North Iredell American Legion ONLY!! Minimum 750 gallon Grease TRAP

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: _____ Date: 6-9-15 Installed by: Steve Jordan

IMPROVEMENT PERMIT by: Justin Henderson Date: 6-9-15 OPERATION PERMIT by: _____ Date: 03/01/16

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 6-9-15 Existing System Inspected by: _____ Date: _____

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