IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# Harmony 134278 PIN# 4870581989 DATE 3-24-06

OWNER OR APPLICANT William Czerkie PHONE: Business 704-838-3488 Home 704-546-2660

ADDRESS 171 Grose St.

LOCATION Hwy 21 north to Harmony, left on 901, 1st road to right (Grose St.), Last house on left

SUBDIVISION _____ BLOCK / SECTION _____ LOT 16+17 LOT AREA (100×225)+(100×225) SITE CLASS. Ex. DESIGN FLOW Ex. L.T.A.R. Ex.

Septic Tank: Ex. Gallons: STB Ex. Date Ex.
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields Ex Square Feet Ex Linear Feet Ex.
No Lines Ex. Trench Width Ex. Max Trench Bottom Depth Ex. Gravel Depth Ex.

☐ New System ☐ Repair ☒ Expansion System Type: I (II) III IV V VI
System Description: Ex
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons ___
☐ Business No. Employees ___
☐ Other _____

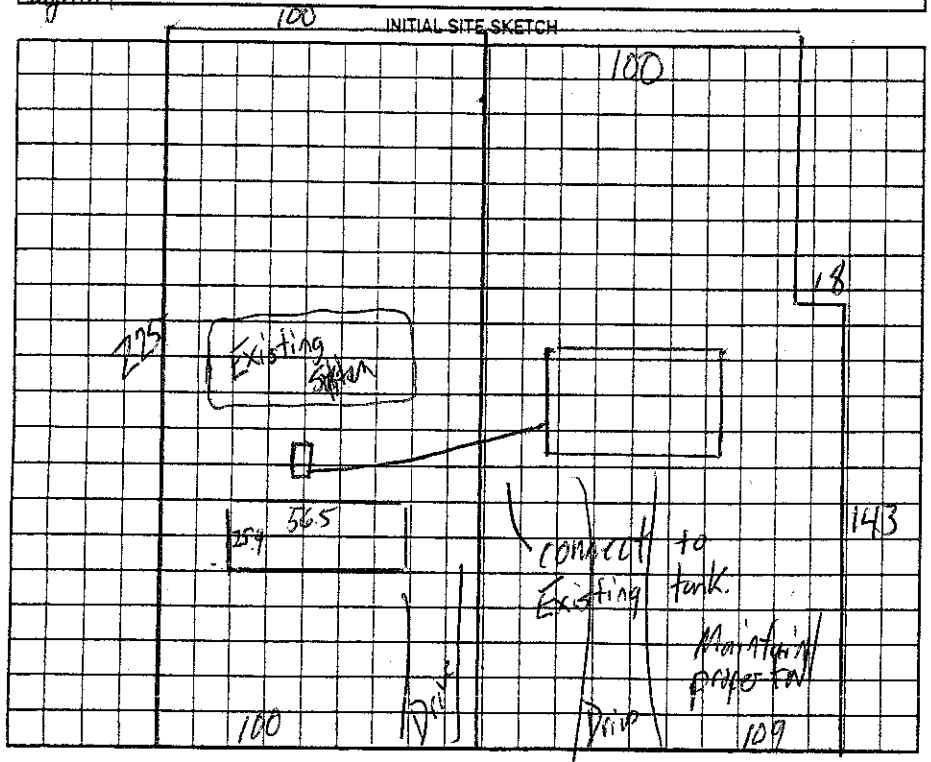
Water Supply: ☐ Individual ☒ Public ☐ Community

☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

Tie in Existing shop bathroom to Existing system for the residence. No modifications needed to system

INITIAL SITE SKETCH



Comments:/Conditions:

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 site plan valid for sixty months ☐ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: _____ date _____ Installed by: _____

Improvement Permit by: _____ date 3-24-06 Operation Permit by: _____ date _____

Authorization to Construct by: _____ date 3-24-06 Existing System Inspection by: _____ date 3-24-06

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK