IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 210766

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

PIN # 4870784481

APPLICANT: HDS Investment Properties | APPLICANT ADDRESS: 178 Holstein Ln Olin NC 28660

SITE ADDRESS: 148 Nettlebrook Ln Harmony NC | PHONE: 704-546-2210 | ALT. PHONE: 704-881-5607

SITE DIRECTIONS: N21 T/R Highland Pt Ave T/R Redmon Rd T/R Peppertree Dr T/R Nettlebrook Ln

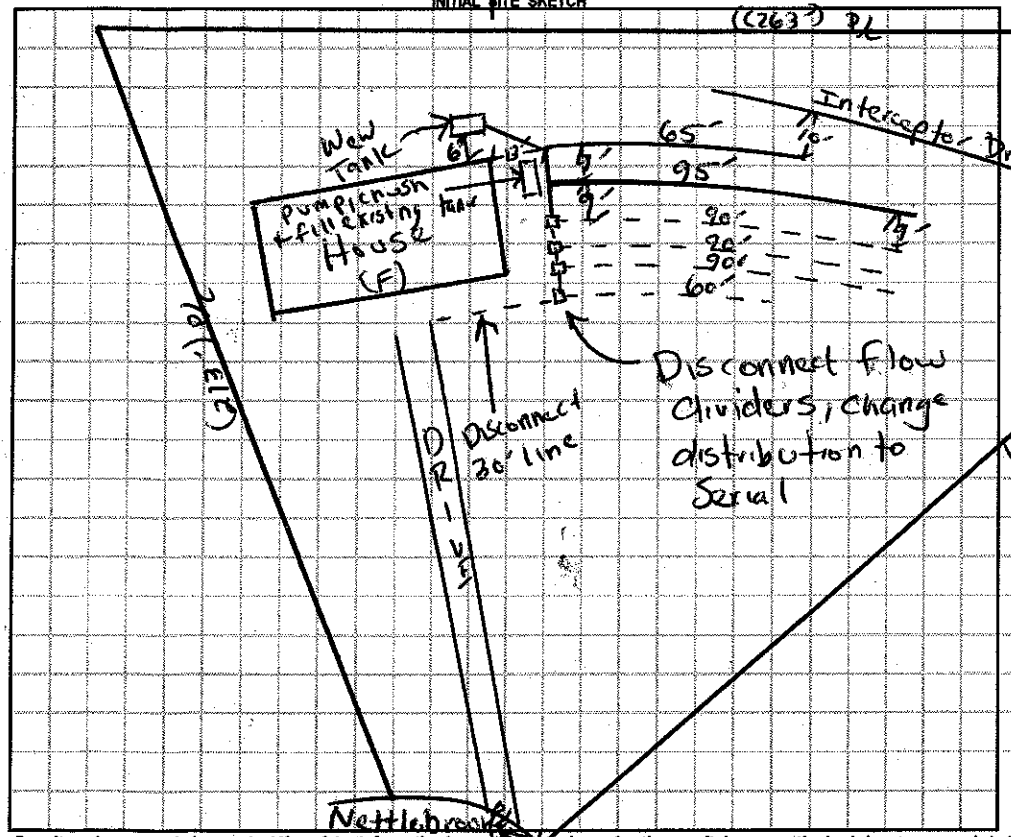
SUBDIVISION: Sage Field | SECTION: Pam2 | LOT # 16 | LOT AREA: 0.96ac | DESIGN FLOW: 360 | L.T.A.R.: 0.25

Septic Tank	1000 (gal)	STB	1600	Date	3-13-15	☐ New System	☒ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	N/A (gal)	PT	N/A	Date	N/A	System Description:	25% Reduction			☐ Business	No. Persons 6
Pump Make	N/A	Model	Poly04	Serial #	PL-68	Repair System Description:				☐ Other	No. Employees
# Nitrification Fields	1	# Lines	2	Linear Ft:	170	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36"	Max. Trench Bottom Depth	24"	Gravel Depth	N/A		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

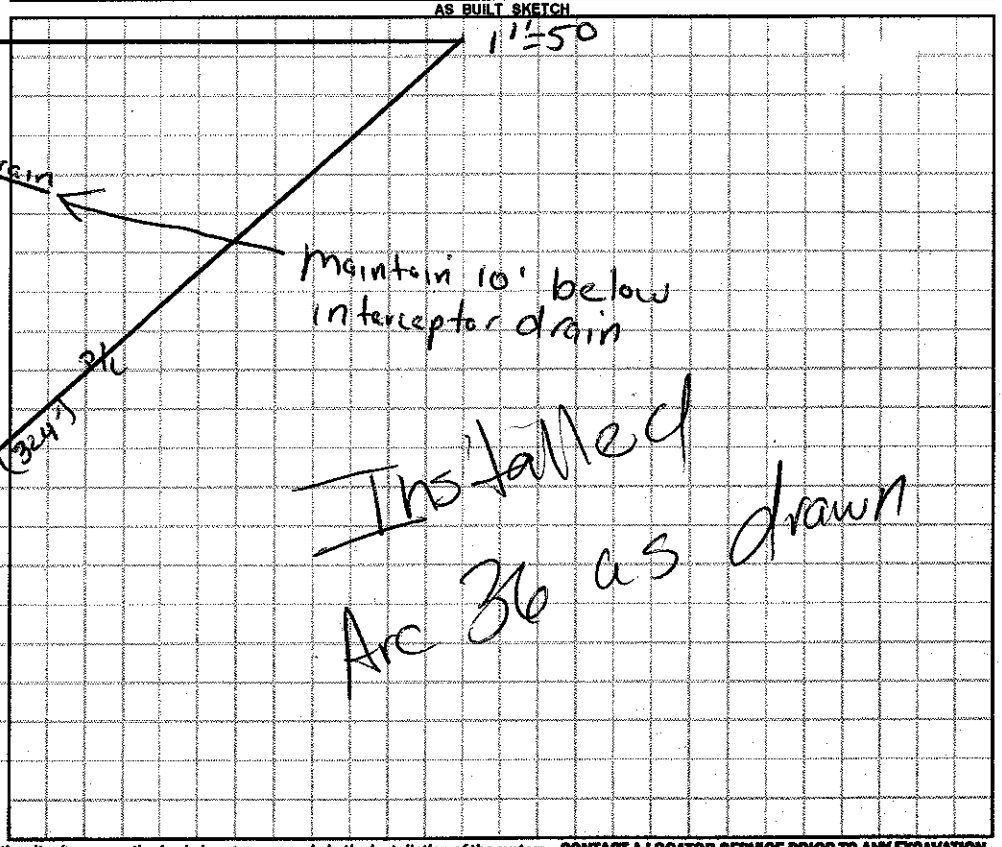
Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Install 25% reduction on contour with Serial distribution. Pump, crush, and fill existing tank. Maintain 10' below interceptor drain

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: 6-2-15 Installed by: Abee's Grading & Clearing

IMPROVEMENT PERMIT by: _____ Date: 05/30/15 OPERATION PERMIT by: _____ Date: 06/29/15

AUTHORIZATION TO CONSTRUCT by: _____ Date: 05/30/15 Existing System Inspected by: _____ Date: _____

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