IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

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

JH

PERMIT # 202989

PIN # 4870832690

APPLICANT: Lynn Safley

APPLICANT ADDRESS: 134 Valley Springs Dr Olin NC

SITE ADDRESS: 483 Cranfill Rd Harmony NC 28634

PHONE: 704-437-2488 ALT. PHONE: 704-546-3568

SITE DIRECTIONS: Hwy 21 to Harmony T/R on 901 go 1/4 mile T/R on Cranfill Rd Lot on right

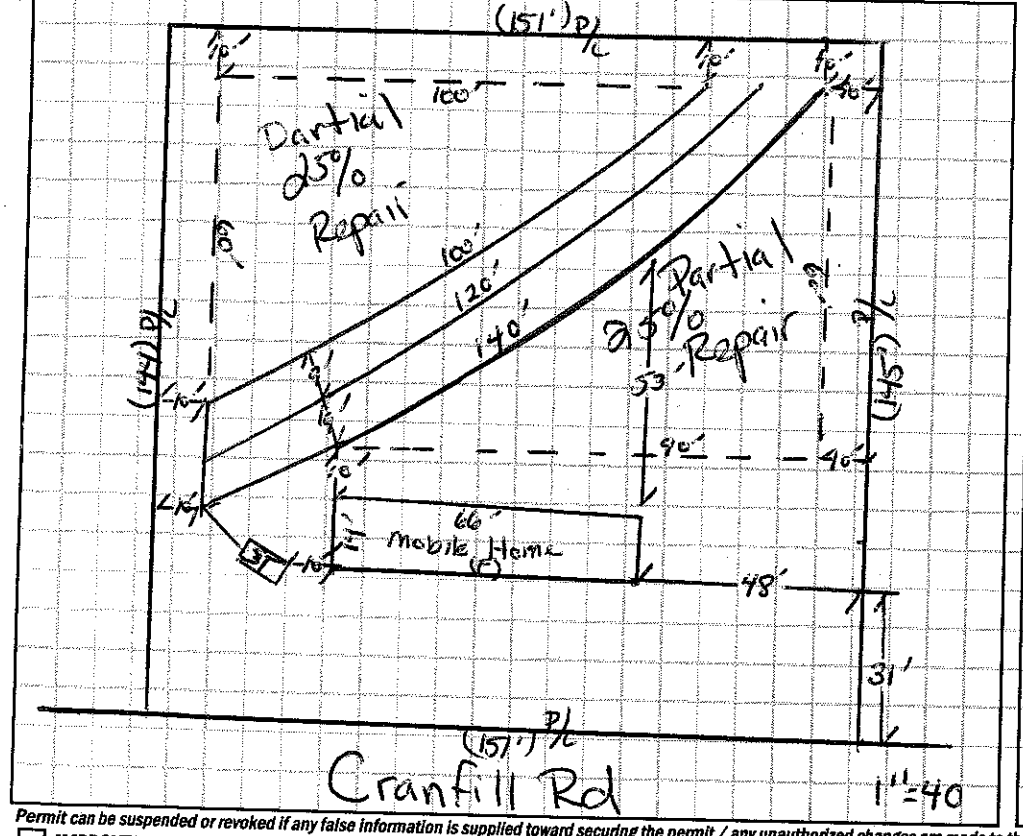
SUBDIVISION: Safley Manor SECTION: N/a LOT # 2 LOT AREA: 0.5ac DESIGN FLOW: 360 L.T.A.R.: 0.25

Septic Tank 1000 (gal)	STB 1092-1000	Date 4-29-14	[X] New System [ ] Repair [ ] Expansion	System Type: I II (III) IV V VI	[X] Residence No. Bedrooms 3
Pump Tank (gal)	PT	Date	System Description: 25% Reduction		[ ] Business No. Persons 6
Pump Make	Model	Serial #	Repair System Description: 25% Reduction		[ ] Other No. Employees
# Nitrification Fields 1	# Lines 3	Linear Ft: 360	Maintenance Agreement Required: [ ] YES [X] NO		[ ] Slab [X] Crawl Space
Trench Width 36"	Max. Trench Bottom Depth 36"	Gravel Depth N/A	[X] GRAVITY [ ] PRESSURE		[ ] Basement w/plumbing [ ] Basement w/o plumbing

Water Supply: [ ] Private [X] Public [ ] Community

Comments / Conditions: Install 25% Reduction on contour with serial distribution.

INITIAL SITE SKETCH



AS BUILT SKETCH

- Yellow Polylok filter installed
- Quick 4 Chambers installed
- 2" PVC septic tank marker installed
- Installed as drawn.

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.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 6/4/13 Installed by: Tommy Frye

IMPROVEMENT PERMIT by: [signature] Date: 06/04/13 OPERATION PERMIT by: Justin Henderson Date: 6-16-14

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 06/04/13 Existing System Inspected by: Date:

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