no copy spring

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5905 Mooresville Office (704) 660-3625 PERMIT # 207707

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

PIN # 4870875187

APPLICANT: Bud Imes APPLICANT ADDRESS: 174 Pete Ln Harmony NC

SITE ADDRESS: 174 Pete Ln Harmony NC PHONE: 704-546-2373 ALT. PHONE: 704-816-2373

SITE DIRECTIONS: 21 N T/R 901 T/L on Pete Ln Lot at end on right

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 3.1ac DESIGN FLOW: 360 L.T.A.R.: 0.3

Septic Tank 1000 (gal) STB 760-10as Date 1-6
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 3 Linear Ft: 300
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

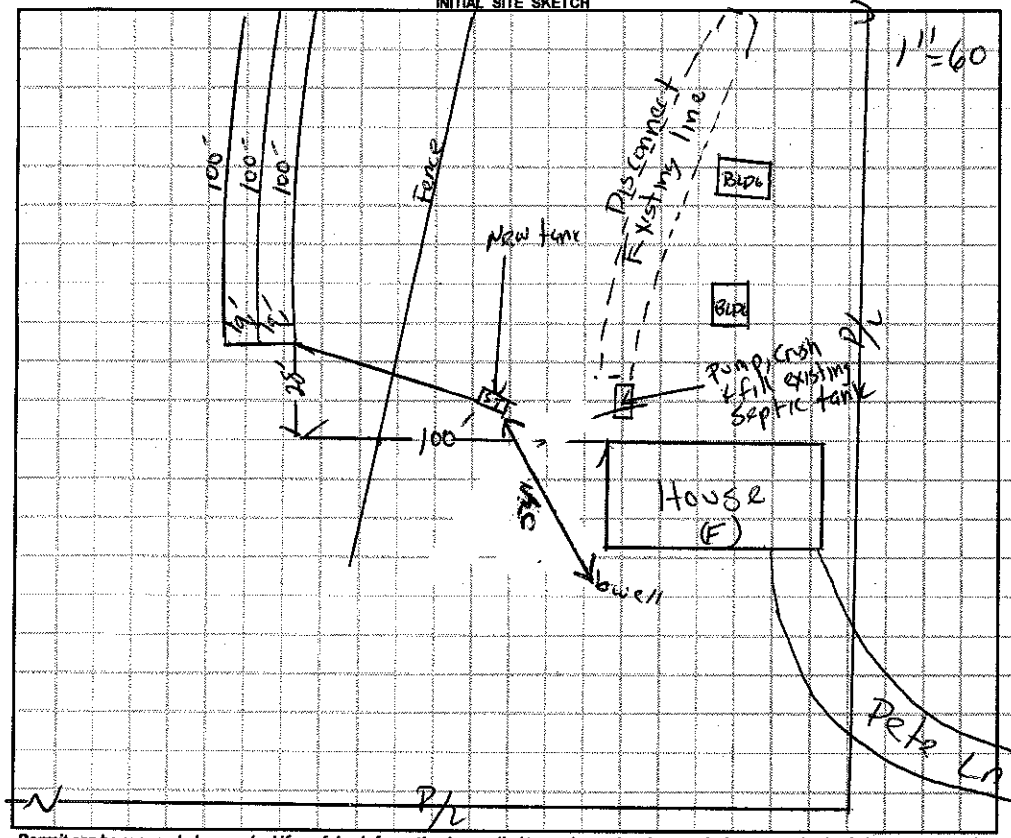
☐ New System ☒ Repair ☐ Expansion System Type: I II ☒ III IV V VI
System Description: 25% Reduction
Repair System Description:
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing
No. Bedrooms 3 No. Persons 6 No. Employees
☒ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Install 25% reduction on contour with serial distribution. Install tank >50' from existing well

INITIAL SITE SKETCH



AS BUILT SKETCH

- Red Polylok filter installed
- Quick 4 Chambers 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.* ☒ **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: [signature] Date: 1-8-15 Installed by: Sammy Reavis

IMPROVEMENT PERMIT by: [signature] Date: 01/08/15 OPERATION PERMIT by: [signature] Date: 3-26-15

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 01/08/15 Existing System Inspected by: Date:

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