IREDELL COUNTY HEALTH DEPARTMENT

~~Statesville Office (704) 878-5305~~ Mooresville Office (704) 660-3625 PERMIT # 223738

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM PIN # 4871230115

APPLICANT: Lounell Grant APPLICANT ADDRESS: 380 little wilkesboro Rd Harmony NC

SITE ADDRESS: 380 Little wilkesboro Rd Harmony NC PHONE: 704-546-2053 ALT. PHONE: 704-902-0108

SITE DIRECTIONS: 77N T/R 901 T/L little Wilkesboro Rd Lot on left

SUBDIVISION: N/A SECTION: N/A LOT #: N/A LOT AREA: 37ac DESIGN FLOW: Ex L.T.A.R.: Ex

Septic Tank Ex (gal) STB Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields Ex # Lines Ex Linear Ft: Ex
Trench Width Ex Max. Trench Bottom Depth Ex Gravel Depth Ex

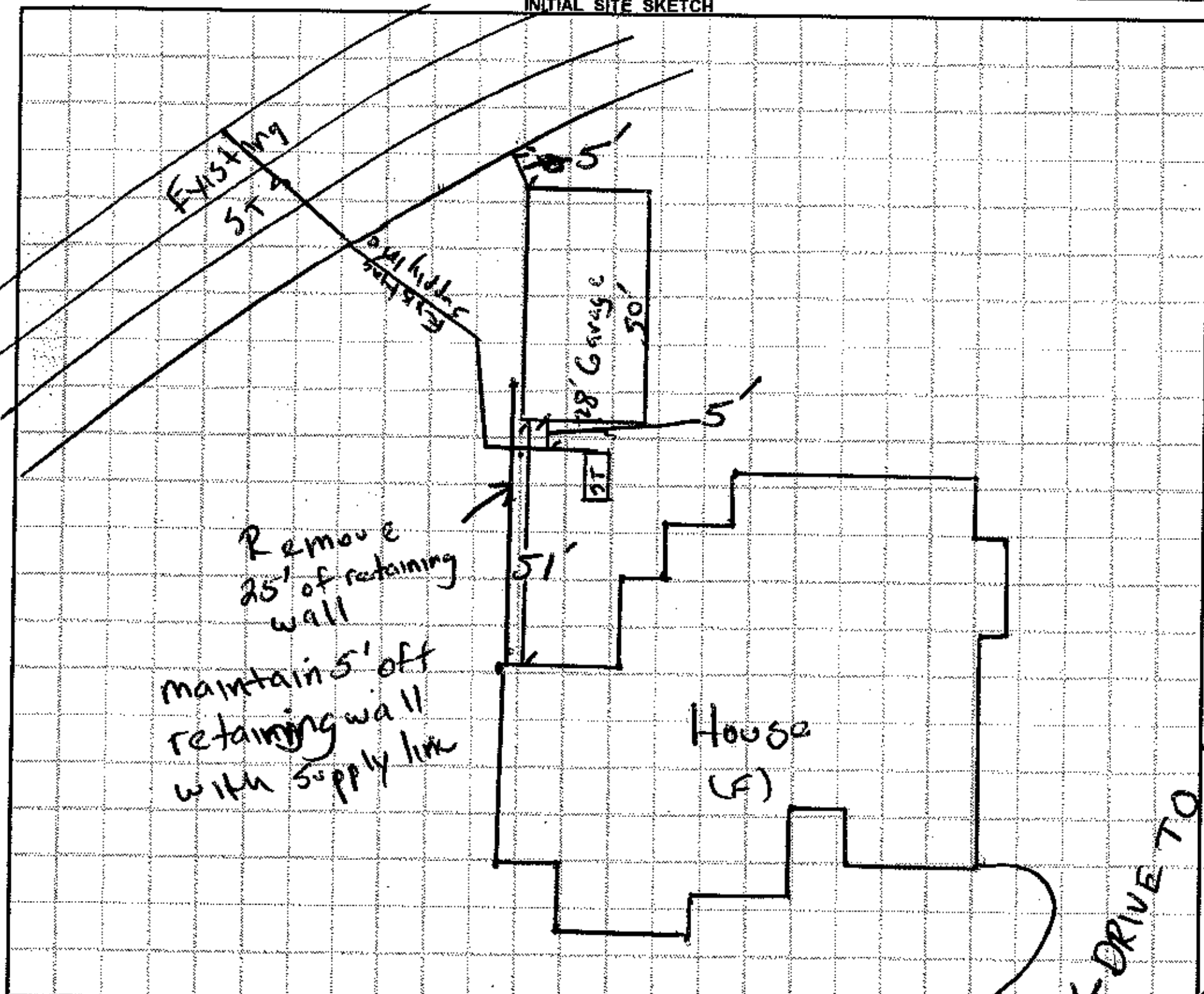
[X] New System [ ] Repair [ ] Expansion System Type: I II [III] IV V VI
System Description: Supply line relocation
Repair System Description:
Maintenance Agreement Required: [ ] YES [X] NO
[X] GRAVITY [ ] PRESSURE

[X] Residence No. Bedrooms Ex
[ ] Business No. Persons Ex
[ ] Other No. Employees
[ ] Slab [ ] Crawl Space
[X] Basement w/plumbing [ ] Basement w/o plumbing

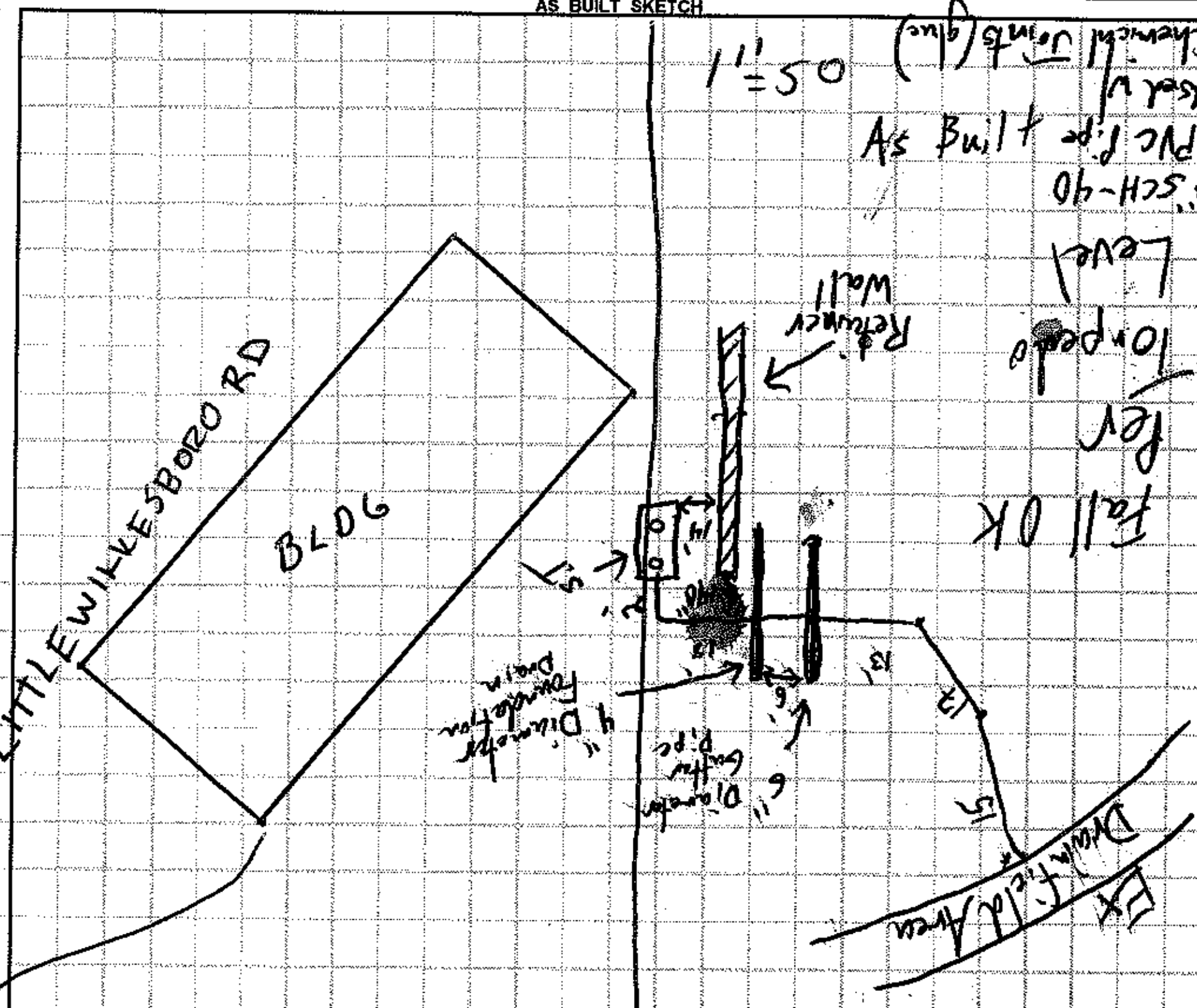
Water Supply
[X] Private
[ ] Public
[ ] Community

Comments / Conditions: Remain 5' off any building foundation with any part of STS.

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.* [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: 2-1-17 Installed by: Steve Jordan #1853

IMPROVEMENT PERMIT by: [signature] Date: 01/31/17 OPERATION PERMIT by: [signature] Date: 2/14/17

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 01/31/17 Existing System Inspected by: Date:

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