IREDELL COUNTY HEALTH DEPARTMENT - *ENVIRONMENTAL HEALTH* ☑ STATESVILLE OFFICE 704-878-5305 ☐ MOORESVILLE OFFICE 704-664-5281

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

PERMIT # 175594 PIN # 4871321176 DATE 11-13-12

OWNER Christopher Emory APPLICANT: Purple Heart Homes PHONE: Home/Cell # 704-838-4044 Business # N/A

SITE ADDRESS 296 Little Wilkesboro Rd. OWNER / APPLICANT ADDRESS PO Box 5535 Statesville NC

SITE DIRECTIONS Hwy 21 N TL Little Wilkesboro Rd.

SUBDIVISION Harmony Country Estates BLOCK / SECTION N/A LOT # 1 LOT AREA 0.62 acres DESIGN FLOW 360 gpd. L.T.A.R. 0.3

Septic Tank Existing Gallons: STB ____ Date ____

Pump Tank ____ Gallons: PT ____ Date ____

Pump Make ____ Model ____ Serial # ____

No. Nitrification Fields: 1 No. Lines 2 Linear Feet 150'

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: 25% Reduction

Maintenance Agreement Required ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 3

☐ Business No. Persons ____

☐ Other No. Employees ____

☐ Slab ☑ Crawl Space

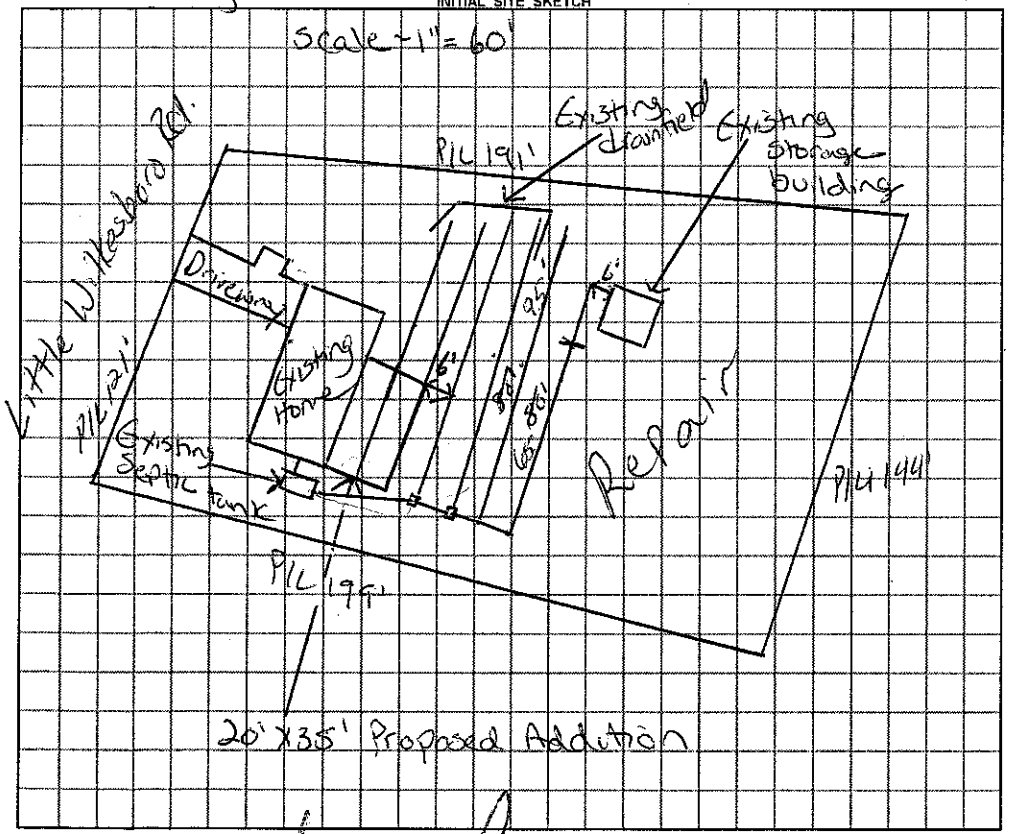
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: Install 150' of 25 reduction system on contour with serial distribution. Disconnect upper two lines of existing system. Connect new lines to lower to existing lines as shown below.

- Relocation so that addition will meet setback to septic tank system

INITIAL SITE SKETCH



AS BUILT SKETCH

19 B10 36

13

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 plat ~~valid without expiration~~ site plan valid 60 mo. ☑ ***AUTHORIZATION TO CONSTRUCT*** valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: [signature] Date ____ Installed by: A-1 Backhoe

IMPROVEMENT PERMIT by: [signature] REHS Date 11-13-12 OPERATION PERMIT by: [signature] REHS Date 1-10-13

AUTHORIZATION TO CONSTRUCT by: [signature] REHS Date 11-13-12 Existing System Inspected by: ____ REHS Date ____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

White Copy – Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant