# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 203616 BF

APPLICANT: Jose Rodriguez APPLICANT ADDRESS: 3598 Harmony Hwy Harmony NC 28634

PIN # 4871721595

SITE ADDRESS: 3598 Harmony Hwy Harmony NC 28634 PHONE: 704/546-5579 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 21 N through Harmony Property on left edge of town limits

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 5.001 ac DESIGN FLOW: EX L.T.A.R.: EX

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Septic Tank | EX (gal) | STB | EX | Date | EX | ☐ New System ☐ Repair ☐ Expansion | System Type: I ☒ II III IV V VI |
| Pump Tank | N/A (gal) | PT | N/A | Date | N/A | System Description: | Existing |
| Pump Make | N/A | Model | N/A | Serial # | N/A | Repair System Description: | |
| # Nitrification Fields | EX | # Lines | EX | Linear Ft: | EX | Maintenance Agreement Required: | ☐ YES ☒ NO |
| Trench Width | EX | Max. Trench Bottom Depth | EX | Gravel Depth | EX | ☒ GRAVITY | ☐ PRESSURE |

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms EX No. Persons ____ No. Employees ____ ☒ Crawl Space

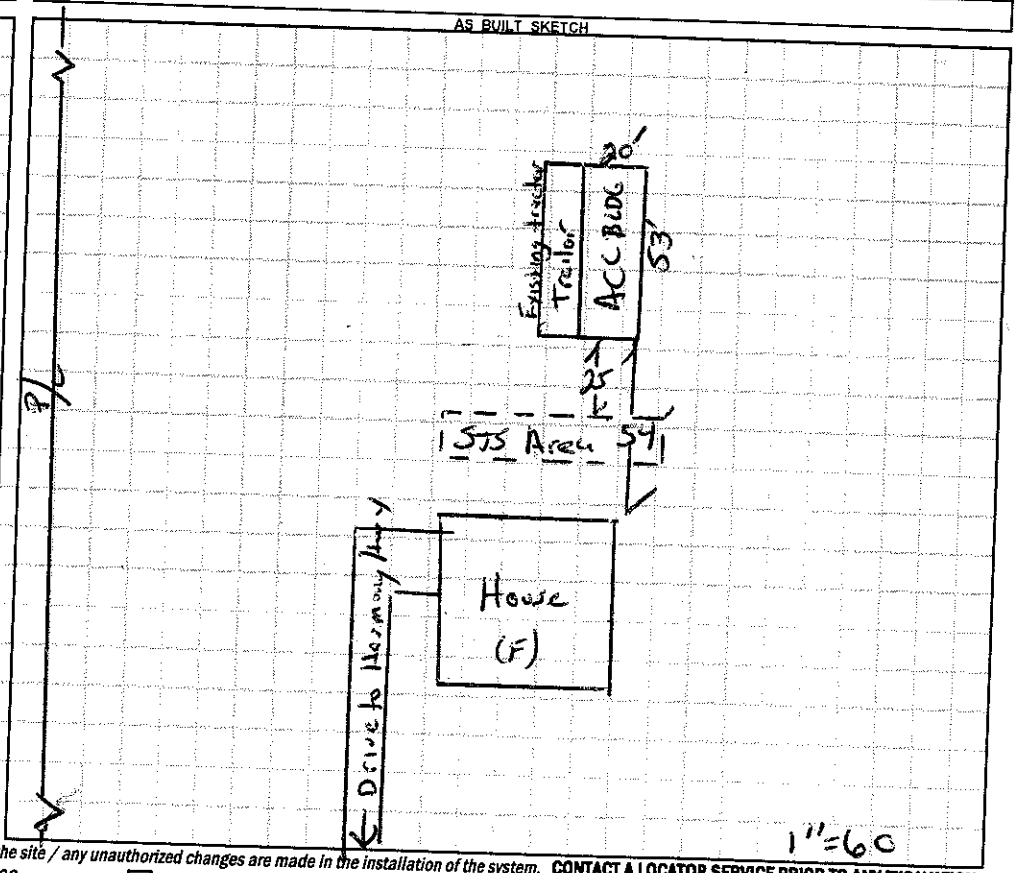
Water Supply: ☐ Private ☒ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: All building foundations must be ≥5' from 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* ☐ **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: Jose Rodriguez Date: 07/15/15 Installed by: ____

IMPROVEMENT PERMIT by: ____ Date: ____ OPERATION PERMIT by: ____ Date: ____

AUTHORIZATION TO CONSTRUCT by: ____ Date: ____ Existing System Inspected by: [signature] Date: 05/28/14

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