IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 209393

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

PIN # 4882575655

APPLICANT: Lea Renegar APPLICANT ADDRESS: 143 Tabacco Rd Harmony NC 28634

SITE ADDRESS: 635 E. Houstonville Rd Harmony NC 28634 PHONE: 704-546-5382 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 21 N to E. Houstonville Rd 2.7 miles on left

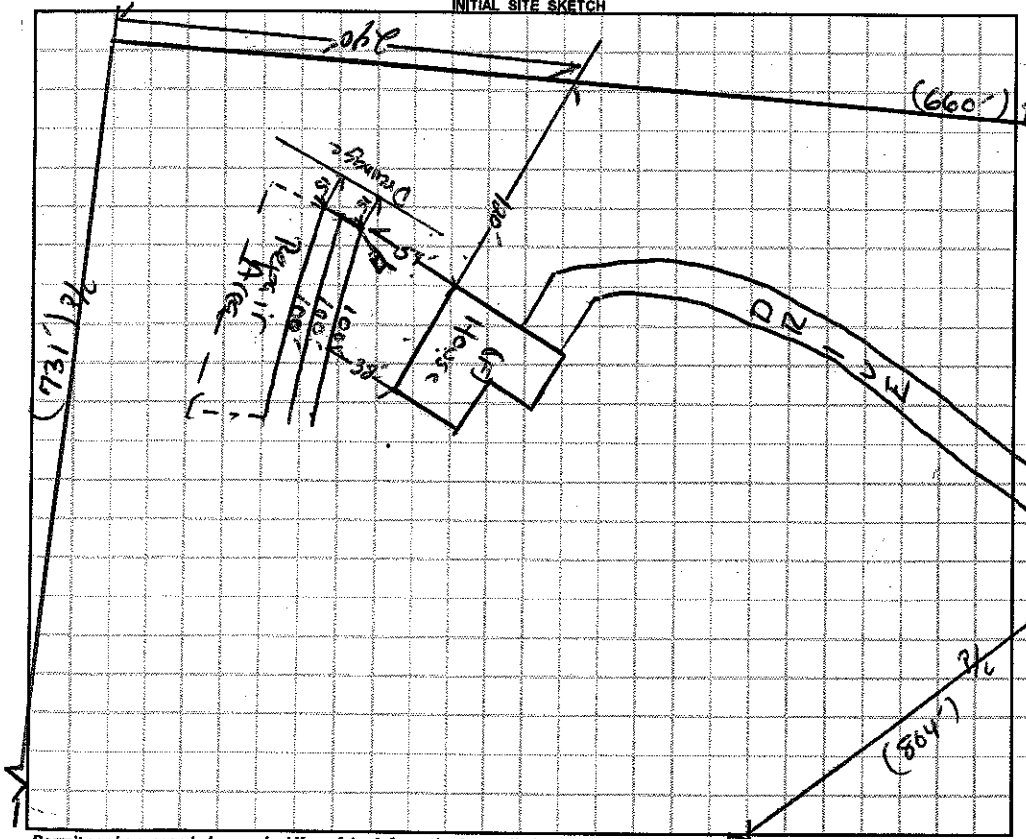
SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 6.372 ac DESIGN FLOW: 360 L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	760-1000	Date	7-26	[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:	300	Maintenance Agreement Required:	[ ] YES [X] NO	[ ] Slab	[ ] Crawl Space
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A		[X] GRAVITY [ ] PRESSURE	[X] Basement w/plumbing	[ ] Basement w/o plumbing

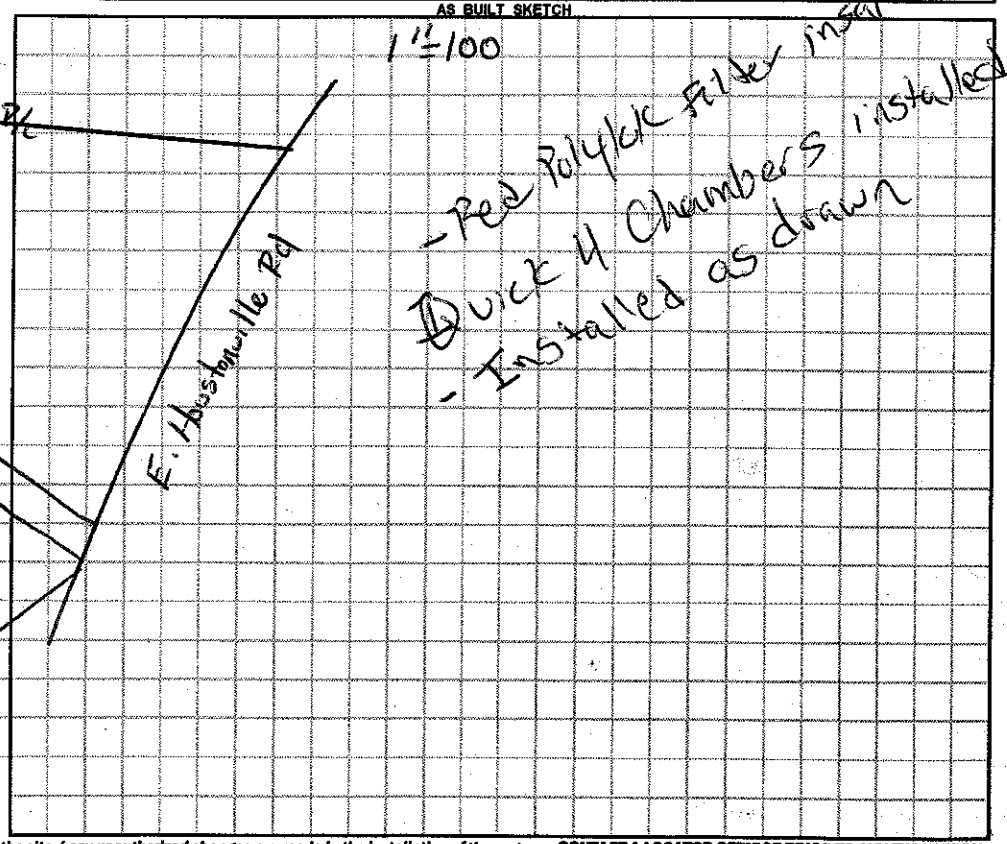
Water Supply: [X] Private [ ] Public [ ] Community

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

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: Lea A. Renegar Date: Installed by: Groundbreakers

IMPROVEMENT PERMIT by: Date: 05/05/15 OPERATION PERMIT by: Justin Henderson Date: 11-20-15

AUTHORIZATION TO CONSTRUCT by: Date: 05/05/15 Existing System Inspected by: Date:

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