IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 092910 PIN# 4850 56 2433 DATE 10-24-00

OWNER OR CONTRACTOR HARMONY VOLUNTEER FIRE DEPARTMENT PHONE: Business 664-5211 Home

ADDRESS OLIN ROAD, ~~HARMONY~~ OLIN, NC 28660

LOCATION US 21 N, TR JENNINGS RD, TR OLIN LOOP ROAD FIRE DEPT. ON LEFT ~~BEFORE~~ TURN RA

SUBDIVISION BLOCK / SECTION LOT LOT AREA AMPLE SITE CLASS PS DESIGN FLOW 250 L.T.A.R.

Septic Tank: EXISTING Gallons: STB Date
Pump Tank: Gallons: PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet Linear Feet EXISTING
No Lines THREE Trench Width Max Trench Bottom Depth Gravel Depth

☑ New System ☐ Repair System Type: I II III IV V VI
System Description: CONVENTIONAL SYSTEM
Repair System Description: CONV. PUMP
Maintenance Agreement Required: ☐ Yes ☑ No
☑ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

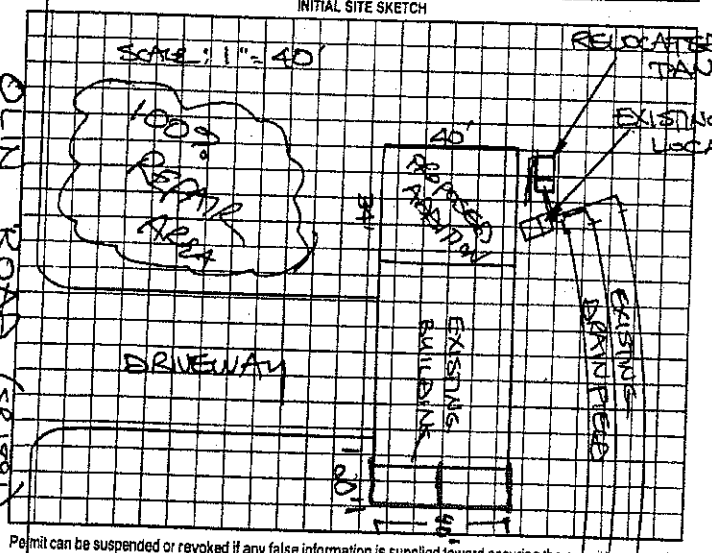
☐ House/Mod. Home No. Bedrooms
☐ Mobile Home No. Bathrooms
☐ Business No. Employees 10
☑ Other VFD @ 10 @ 25GPD

Water Supply: ☐ Individual ☑ Public ☐ Community

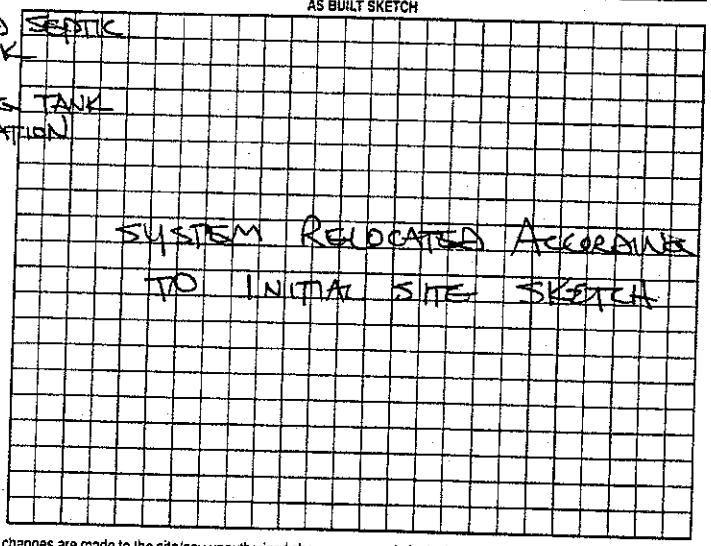
Comments/Conditions: PUMP OUT EXISTING SEPTIC TANK AND RELOCATE AS SHOWN ② IF TANK IS DAMAGED DURING RELOCATION, REPLACE WITH NEW SEPTIC TANK.

Comments/Conditions:

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. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: [signature] date 10/25/00

Improvement Permit by: STEVE HEDRICK date 10-24-00

Authorization to Construct by: STEVE HEDRICK date 10-24-00

Installed by: KENNY MADISON

Operation Permit by: STEVE HEDRICK date 10-30-00

Existing System Inspection by: date

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

Location of the proposed Storage addition addition does not appear to impact the existing on-site septic system.**NOTE:

[signature] REHS

Date: 12-13-11

ICHD-Environmental Health Division