IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# HARMONY 123754 PIN# 4870 ~~54 0188~~ 45 6306 DATE 8/24/04

OWNER OR CONTRACTOR DOROTHY W. CONANT PHONE: Business (704) 450-5793 Home (704) 546-7547

ADDRESS 3205 HARMONY HWY HARMONY NC 28634

LOCATION 21N FIRST HOUSE ON LEFT PAST CITY LIMIT SIGN. PROPERTY BEHIND GALAXY SUPERMARKET

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA ~30 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.25 gpd/ft²

Septic Tank: 1000 Gallons; STB 620 Date 9-14-04

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field; No Fields 1 Square Feet _____ Linear Feet 480

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I (II) III, IV, V, VI

System Description: CONVENTIONAL GRAVITY

Repair System Description: SAME W/SHALLOW PLACEMENT

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms _____ No. Employees _____

Water Supply: ☐ Individual ☑ Public ☐ Community

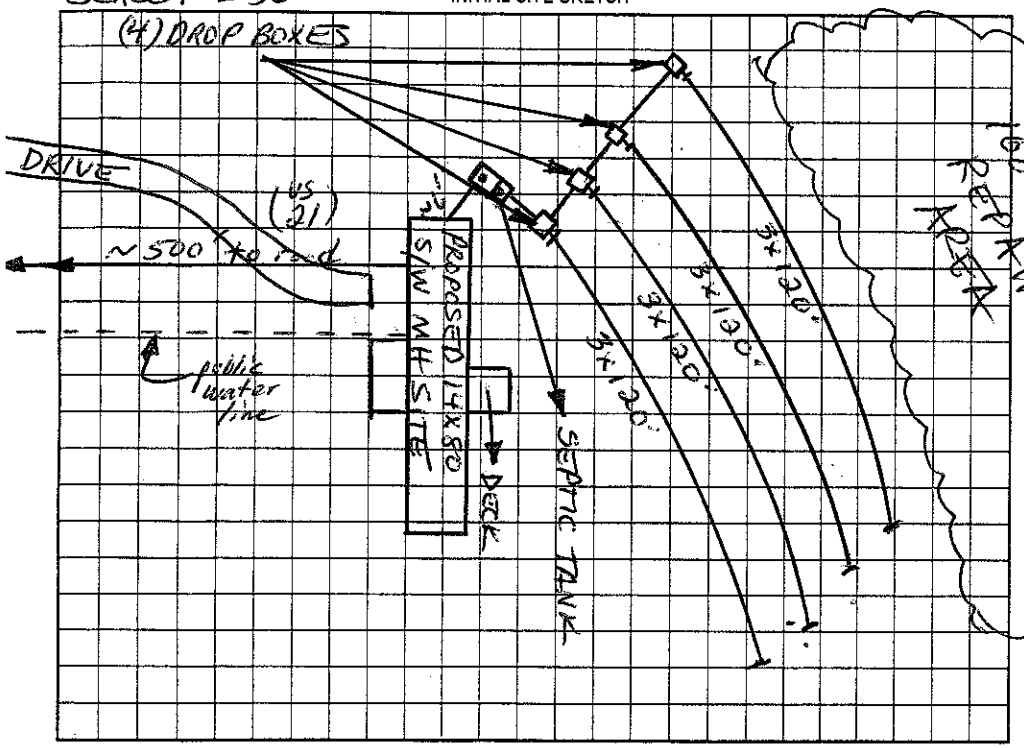
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions: (1) INSTALL LINES ON CONTOUR (2) MAINTAIN SETBACKS (3) GRADE DOWN BERMS ~~OFF TOPOGRAPHY~~

Comments/Conditions: (1) TUFF TITE (2) #5 (3) LIDS 6" ABOVE GRADE

SCALE 1" = 50'

INITIAL SITE SKETCH



AS BUILT SKETCH

X INSTALLED ACCORDING TO 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: Dorothy Conant date 8-26-04

Improvement Permit by: Christopher M. Shue LRS date 8-24-04

Authorization to Construct by: Christopher M. Shue LRS date 8-24-04

Installed by: SAMMY REAVIS

Operation Permit by: Christopher M. Shue LRS date 11-10-04

Existing System Inspection by: _____ date _____

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