CI

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# HARMONY / 137814 / PIN# 4870-54-6010 4986 DATE 4-26-2006

OWNER OR APPLICANT HARMONY MEDICAL CLINIC PHONE: Business c/o 704-201-1200 Home 704-546-7587

ADDRESS 110 WEST MEMORIAL HIGHWAY, HARMONY, NC 28634

LOCATION US 21 NORTH, ON RIGHT JUST INSIDE HARMONY CITY LIMITS

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.00 ACRE SITE CLASS. PS DESIGN FLOW 317 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1500 Gallons; STB 1011 Date Rec'd 12-13-06
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1058 Linear Feet 353
No Lines THREE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: CONVENTIONAL, GRAVITY
Repair System Description: CONVENTIONAL, GRAVITY
Maintenance Agreement Required: ☐ Yes ☐ No
☑ Gravity ☐ Pressure

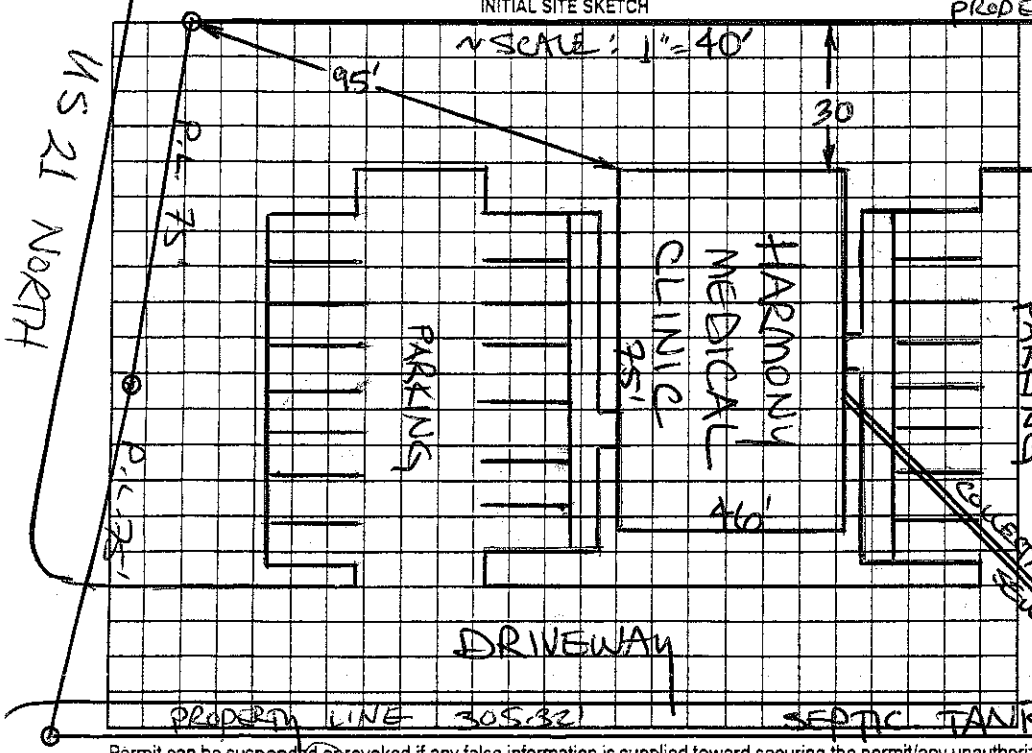
☐ House/Mod. Home ☐ Mobile Home ☑ Business ☐ Other 3450 ft² MEDICAL CLINIC
No. Bedrooms ____ No. Persons ____ No. Employees ____
☑ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

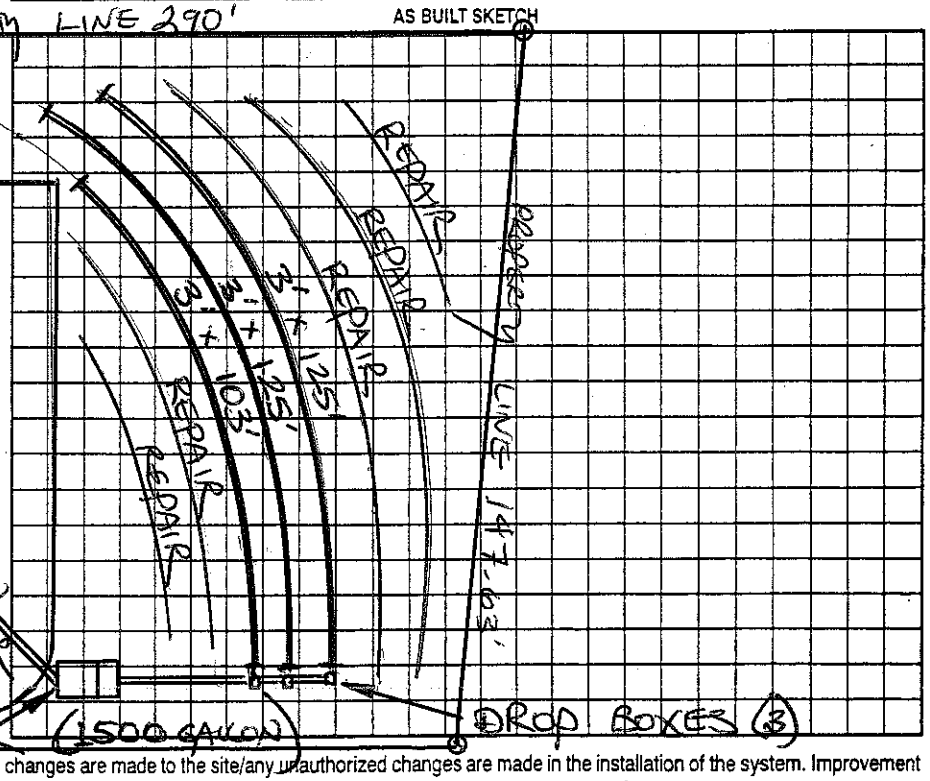
Comments:/Conditions: SEE ATTACHED FLOW REDUCTION APPROVAL.
INSTALL DRAINLINES ON CONTOUR AS SHOWN.
REDUCTION IN DRAINLINE LENGTH NOT PERMITED.
NO CUTTING OR FILL ALLOWED IN DRAINFIELD AREA.

Comments:/Conditions: Yellow Filter
ST marker

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: _____ date 5/4/06 Installed by: C & S Grading

Improvement Permit by: STEVE HEDRICK date 4-26-2006 Operation Permit by: _____ date 12-19-06

Authorization to Construct by: STEVE HEDRICK date 4-26-2006 Existing System Inspection by: _____ date _____

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