IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (C1) MOORESVILLE 704-664-5281

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

PERMIT# 14199A PIN# 4870-58-3131 DATE 5-16-07

OWNER OR APPLICANT HARMONY VOLUNTEER FIRE DEPT PHONE: Business 704-546-2300 Home 704-546-2264

ADDRESS P.O. BOX 359 HARMONY NC 28634

LOCATION US 21 NORTH IN HARMONY ON LEFT ACROSS FROM POST OFFICE

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 4.18 ACRES SITE CLASS. PS DESIGN FLOW 520 L.T.A.R. 0.30 gpd/ft²

Septic Tank: 1500 Gallons; STB 528 Date 7-23-07

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet EQUIV 1733 Linear Feet 433

No Lines FOUR Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth N/A

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: 25% REDUCTION, GRAVITY

Repair System Description: 25% REDUCTION, GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms ____

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

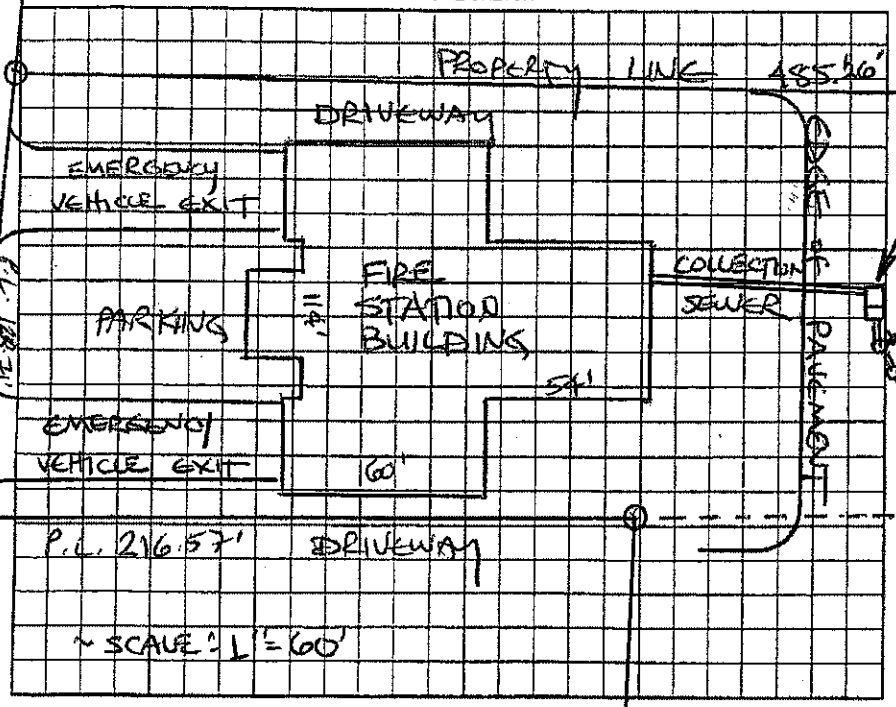
☑ Other FIRE STATION

Water Supply: ☐ Individual ☑ Public ☐ Community

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

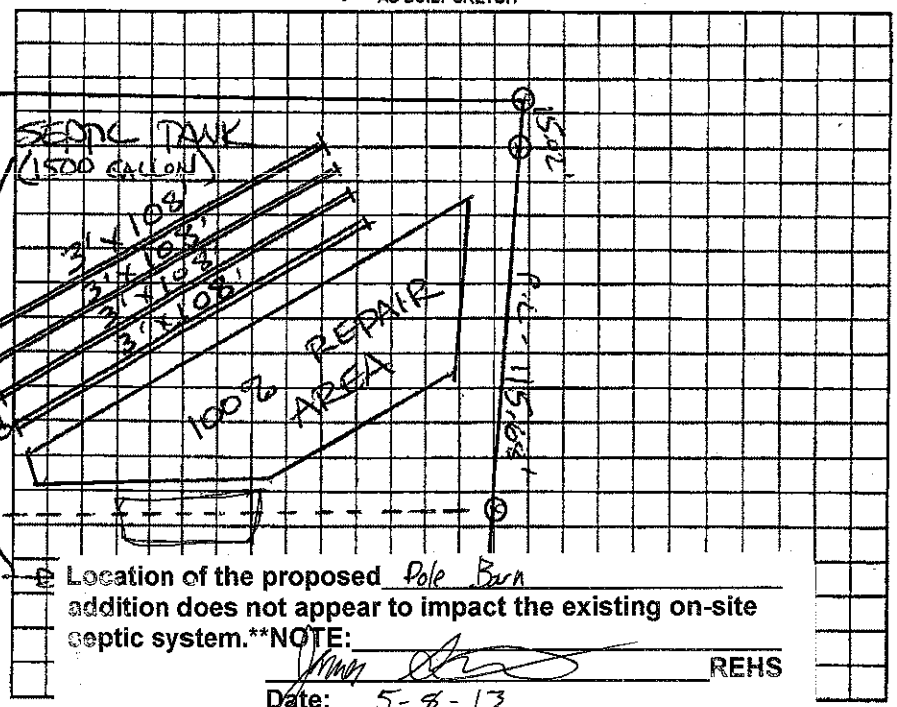
Comments/Conditions: INSTALL 25% REDUCTION SYSTEM ON CONTOUR AS SHOWN.

INITIAL SITE SKETCH



Comments/Conditions: SYSTEM INSTALLED USING "QUICK-4" INFILTRATOR CHAMBERS & END CAPS FOR SERIAL DISTRIBUTION (2) SEPTIC TANK WITH RISERS INSTALLED USING RED "POLY-TOK" FILTER

AS BUILT SKETCH



℄ Location of the proposed Pole Barn addition does not appear to impact the existing on-site septic system.**NOTE: _____ REHS

Date: 5-8-13

ICHD-Environmental Health Division

Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized chang ovement

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: Melanie Cheatham date 5-21-07 Installed by: BRENT GALLIHER

Improvement Permit by: STEVE HENDRICK date 5-16-07 Operation Permit by: STEVE HENDRICK date 1-30-08

Authorization to Construct by: STEVE HENDRICK date 5-16-07 Existing System Inspection by: _____ date _____

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