IREDELL COUNTY HEALTH DEPARTMENT - *ENVIRONMENTAL HEALTH* THIS PERMIT REPLACES PREVIOUS ISSUED 9-3-2010
☐ STATESVILLE OFFICE 704-878-5305 ☐ MOORESVILLE OFFICE 704-664-5281

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

PERMIT # _____ PIN # 4779-38-2530 DATE FEBRUARY 21, 2011

OWNER JOSEPH BARKER APPLICANT: _____ PHONE: Home/Cell # 704-546-2450 Business # 704-657-

SITE ADDRESS 2920 HARMONY HIGHWAY OWNER / APPLICANT ADDRESS _____

SITE DIRECTIONS US 21 NORTH, ON RIGHT JUST PAST MT. BETHEL ROAD

SUBDIVISION _____ BLOCK / SECTION _____ LOT # _____ LOT AREA 2.57 ACRES DESIGN FLOW 560 L.T.A.R. EXISTING

Septic Tank EXISTING Gallons: STB _____ Date _____
Pump Tank EXISTING Gallons: P T _____ Date _____
Pump Make _____ Model _____ Serial # _____
No. Nitrification Fields: 2 No. Lines _____ Linear Feet EXISTING
Trench Width _____ Max. Trench Bottom Depth _____ Gravel Depth _____

☐ New System ☐ Repair ☐ Expansion System Type I II III IV V VI
System Description: CONVENTIONAL, PUMP
Repair System Description: CONVENTIONAL, PUMP,
Maintenance Agreement Required ☐ YES ☒ NO
☐ GRAVITY ☒ PRESSURE

☐ Residence No. Bedrooms
☑ Business No. Persons
☐ Other No. Employees
☐ Slab ☐ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply
☐ Private
☑ Public
☐ Community

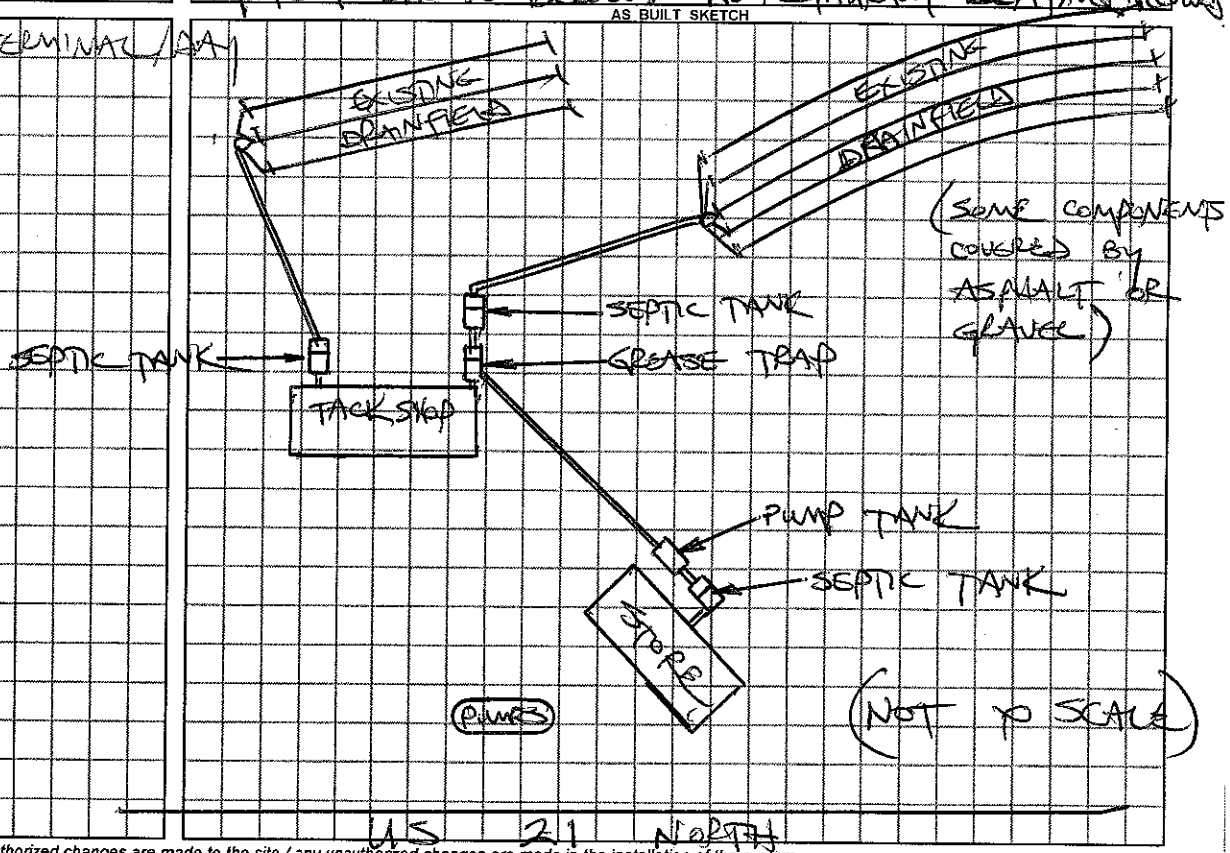
Comments / Conditions

THIS EXISTING SYSTEM CHECK IS TO ALLOW FOR A 16'X26' FOODSTAND, 12 TERMINAL INTERNET SWEEPSTAKES BAR, CONVENIENCE STORE & TACK SHOP TO OPERATE ON THE SYSTEM SHOWN BELOW. NO RESTAURANT SEATING ALLOWED

INITIAL SITE SKETCH

15 GAL / TERMINAL / DAY

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 plat valid without expiration. ☐ ***AUTHORIZATION TO CONSTRUCT*** valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: _____ Date _____ Installed by: _____

IMPROVEMENT PERMIT by: _____ ***REHS*** Date _____ OPERATION PERMIT by: _____ ***REHS*** Date _____

AUTHORIZATION TO CONSTRUCT by: _____ ***REHS*** Date _____ Existing System Inspected by: STEVE HENDRICK ***REHS*** Date 2/21/11

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

White Copy – Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant