IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 16171 PIN # 4779-38-2530 DATE 9-3-10

OWNER or APPLICANT Joseph Barker PHONE: Business 704-546-2450 Home: 704 657-6674

OWNER or APPLICANT ADDRESS 2920 Harmony Hwy

LOCATION / DIRECTIONS Hwy 21 N. At corner of Harmony & Mt. Bethel.

SUBDIVISION n/a BLOCK / SECTION n/a LOT # n/a LOT AREA 2.57 DESIGN FLOW 560 L.T.A.R. Ex

Septic Tank 1200 EX Gallons: STB Ex Date

Pump Tank Ex Gallons: P T Date

Pump Make Ex Model Serial #

Nitrification Field No Fields Ex No Lines Ex Linear Feet Ex

Trench Width Ex Max. Trench Bottom Depth Ex Gravel Depth

☐ New System ☐ Repair ☐ Expansion System Type I II (III) IV V VI

System Description: See attached

Repair System Description:

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

Change of use allowing
1 Snack bar - 5 seats
Internet sweepstakes - 12 terminals
Everything else ~~on~~ remains the same

Comments / Conditions

INITIAL SITE SKETCH

AS BUILT SKETCH

See attached diagram

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

Owner / Applicant Signature: Date 10/7/10

Improvement Permit by: Date

Authorzation to Construct by: Date

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by:

Operation Permit by: Date:

Existing System Inspected by: Date: 9-7-10

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant

15+15

15 gal/f toilet
2 employees

50 gal/person employees terminals

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

13938

OWNER OR CONTRACTOR LEON BARKER DATE 2/4/92 PERMIT NO. 12H-A-47

PHONE: Business _____ Home _____

LOCATION US 21 N, ON (R) PAST MT. BETHEL CHURCH RAA

SUBDIVISION NAME EXISTING SYSTEM LOT NO. _____ SECTION OR BLOCK NO. _____ S-R-No. _____

House ( ) Mobile Home ( ) Business (✓) Other _____

No. Bedrooms — No. Bathrooms 2
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area AMPLE

Character & Porosity of Soil PS
Percolation Rate .4GPD/FT² (MEAN=25)
Topography 2-4% LS
Depth to Water Table >4'
Rock or other impervious formations NONE

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

Size of Tank 1200 PUMP TANK CRS 2/22/91
1500 SEPTIC TANK 11/4/91 Gals.

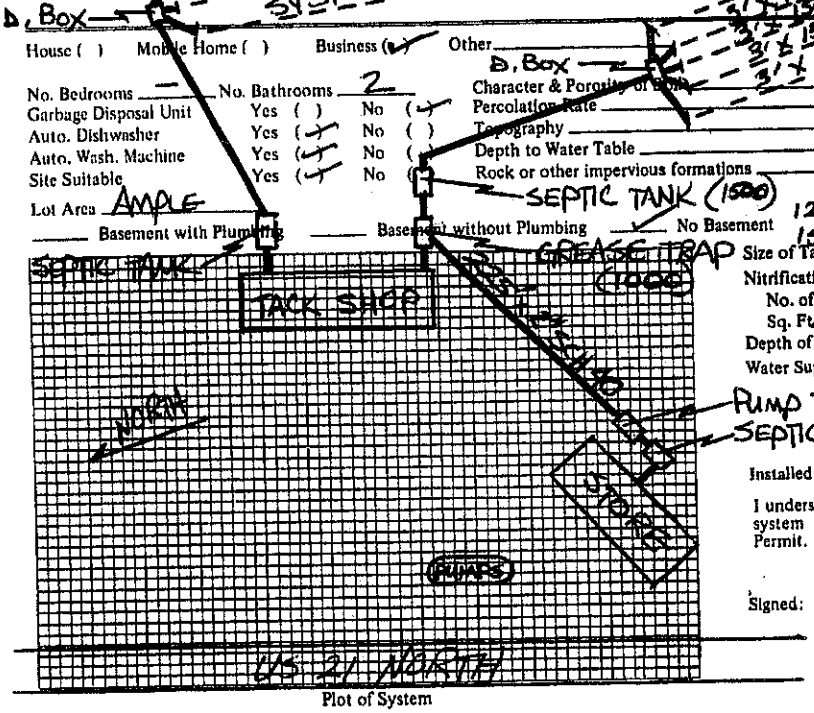
Nitrification Field: No. of Lines 5 - EXISTING
Sq. Ft. 2250 Linear Ft. 750
Depth of Stone in Lines 12"

Water Supply: Individual ( ) Public (✓)

Installed by SAMMY REAVIS

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____



Plot of System

IMPROVEMENTS PERMIT BY STEVE HEDRICK

COMMENTS: ① FORMER RESTAURANT LOCATED IN TACK SHOP BUILDING IS NOW DISCONNECTED FROM SYSTEM & WILL REMAIN DEACTIVATED.
② SYSTEM SIZED TO ACCOMMODATE CONV. STORE W/ 14 SEAT SNACK BAR.
③ SEE ATTACHED OPERATION PERMIT FOR DETAIL ISSUED 4/20/92

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 2/4/92

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

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