JERRY POOLE

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 073086 PIN# 4789 03 4202 DATE 4-23-98

OWNER OR CONTRACTOR LEON BARKER PHONE: Business Home 873-1014

ADDRESS 2920 HARMONY HIGHWAY (LEON BARKER), HARMONY, NC 28634

LOCATION US 21 N, TR MT. BETHEL, TL SHAW ROAD, TR STAGECREST DRIVE, AT END ON LEFT

SUBDIVISION RIMROCK EST. BLOCK / SECTION ____ LOT 20 LOT AREA 1.201 ACRS SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.33 GPD/FT²

Septic Tank: 1000 Gallons; STB 928 L20 Date 11-23-97

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360

No Lines FOUR 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: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

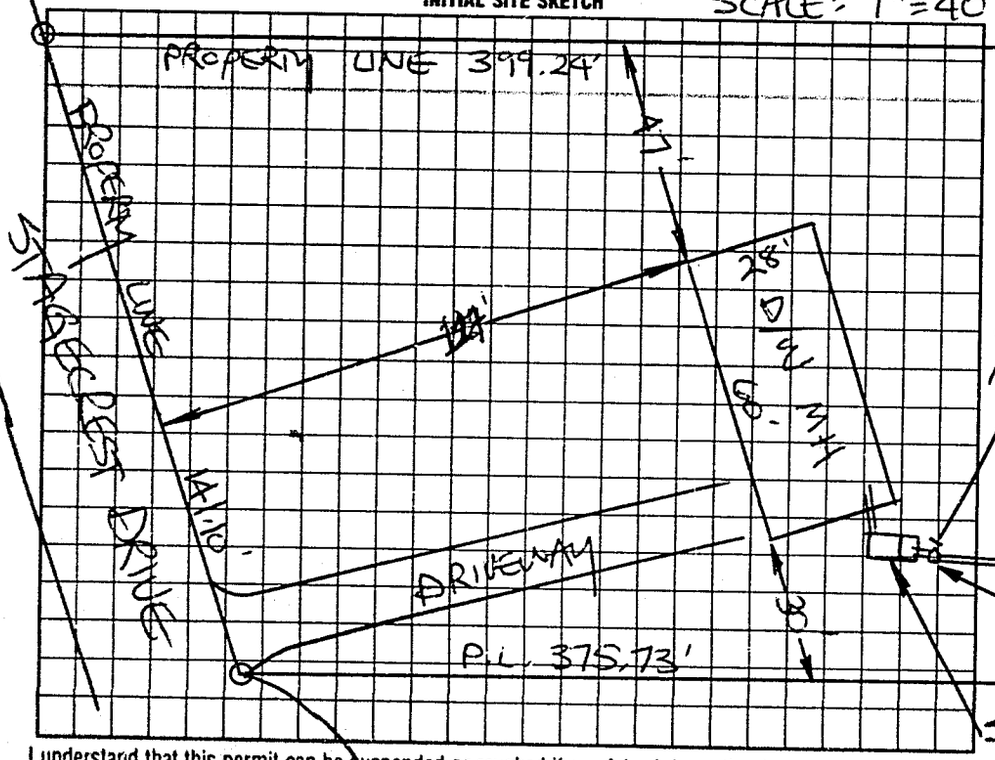
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

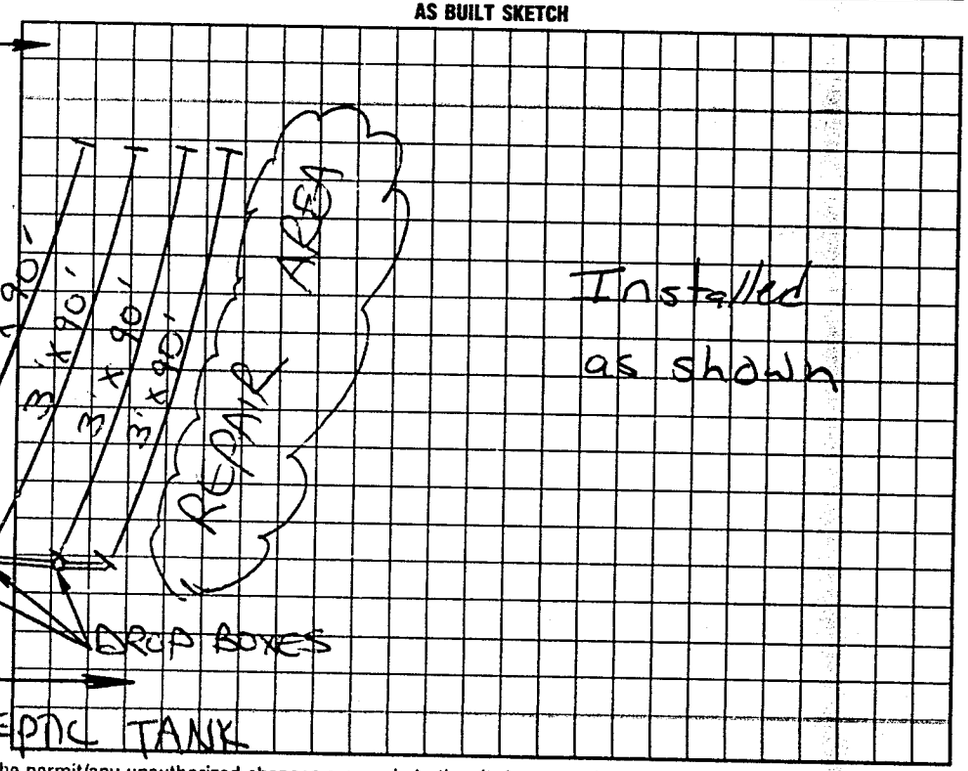
Comments:/Conditions:

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INITIAL SITE SKETCH SCALE: 1"=40'



AS BUILT SKETCH



I understand that this 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: Karl Templeton date 4-23-98

Improvement Permit by: STEVE HEDRICK date 4-23-98

Authorization to Construct by: STEVE HEDRICK date 4-23-98

Installed by: Sammy Reavis

Operation Permit by: Mark C Owens date 5-15-98

Existing System Inspection by: ____ date ____

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