IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 082952 PIN# 4803 82 4256 DATE 8-6-99

OWNER OR CONTRACTOR HASKELL BARKER PHONE: Business _____ Home 592-5674

ADDRESS 163 BARKERS FARM ROAD UNION GROVE NC 28689

LOCATION NC 115 N, TL LINNEY'S MILL ROAD, TL BARKERS FARM DRIVE, ON LEFT AT BOX # 163

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.00 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.40 GPD/FT²

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 300 Linear Feet 100

No Lines ONE Trench Width 36" Max Trench Bottom Depth 26" 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 _____

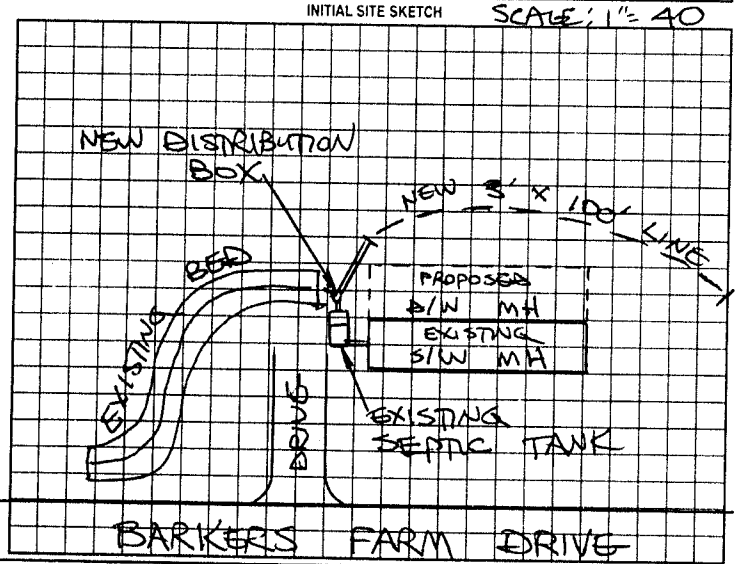
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments/Conditions: INSTALL NEW 3'X100' LINE ON CONTOUR AS FLAGGED

Comments/Conditions

INITIAL SITE SKETCH SCALE: 1" = 40



AS BUILT SKETCH

SYSTEM EXPANDED ACCORDING TO INITIAL SITE 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: Haskel M Barker date 8-6-99

Improvement Permit by: STEVE HEDRICK date 8-6-99

Authorization to Construct by: STEVE HEDRICK date 8-6-99

Installed by: BRENT GALLIHER

Operation Permit by: STEVE HEDRICK date 8-13-99

Existing System Inspection by: _____ date _____

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