IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 103907 PIN# 3799-78-0468.3 DATE 1/23/02

OWNER OR CONTRACTOR Roger Dale Stikeleather PHONE: Business (704) 880-8869 Home (704) 585-2658

ADDRESS P.O. Box 28 Stony Point N.C. 28678

LOCATION Hwy 90, (A) midway Drive, (B) on Stikeleather, (C) on Fence Post Line, Lot on right

SUBDIVISION — BLOCK / SECTION — LOT 3 LOT AREA Acres SITE CLASS 05 DESIGN FLOW 360 L.T.A.R. .35

Septic Tank: 4000 Gallons; STB 1007 Date 1-5-02
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1029 Linear Feet 350
No Lines 4 Trench Width 36" Max Trench Bottom Depth 28" Gravel Depth 12"

[X] New System [ ] Repair System Type: I (II) III. IV. V. VI
System Description: Gravity, Conventional
Repair System Description: Pump, 25% Reduction
Maintenance Agreement Required: [ ] Yes [X] No

[ ] House/Mod. Home No. Bedrooms 3
[X] Mobile Home No. Bathrooms 2
[ ] Business No. Employees
[ ] Other

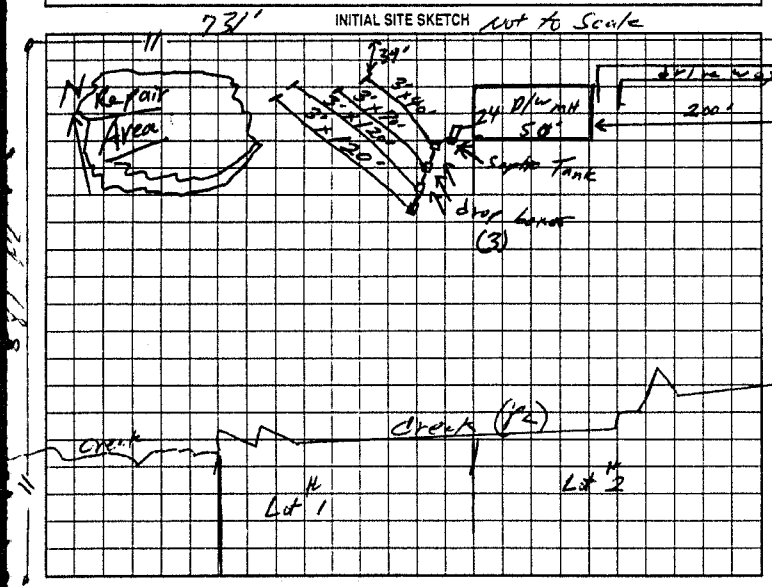
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] Individual [ ] Public [ ] Community

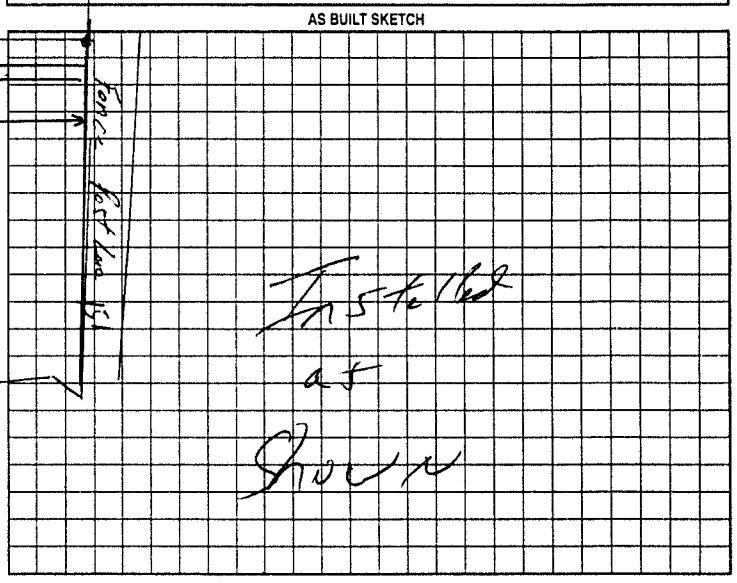
Comments/Conditions:

Comments/Conditions:
- Poly Lok Fittings Installed
- Septic Tank Marker Installed

INITIAL SITE SKETCH not to Scale



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 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: Roger Dale Stikeleather date

Improvement Permit by: William O. Johnson date 1/23/02

Authorization to Construct by: William O. Johnson date 1/23/02

Installed by: Derek Barnes

Operation Permit by: William O. Johnson date 2/26/02

Existing System Inspection by: date

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