IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 103906 PIN# 3799-78-0468.2 DATE 4/2/02

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 (R) Midway Drive, (L) on Stikeleather (L) on Fence Post Lane, top of hill on Right

SUBDIVISION — BLOCK / SECTION — LOT 2 LOT AREA 1.83 ac SITE CLASS PS DESIGN FLOW 360 L.T.A.R. -30

Septic Tank: 1,000 Gallons; STB 1007 Date 12-3-02

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1,200 Linear Feet ~~2400'~~

No Lines 4 @ 100' Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

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

System Description: Gravity, Conventional

Repair System Description: Gravity, 25% Reduction

Maintenance Agreement Required: ☐ Yes X No

☐ House/Mod. Home X Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

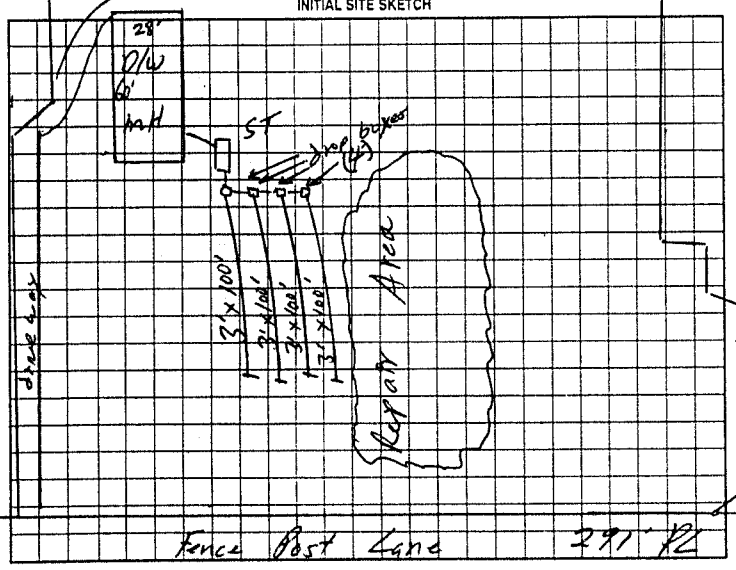
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: X Individual ☐ Public ☐ Community

Comments/Conditions: ① Install lines on Contour ② maintain proper Setbacks 221.16 PL

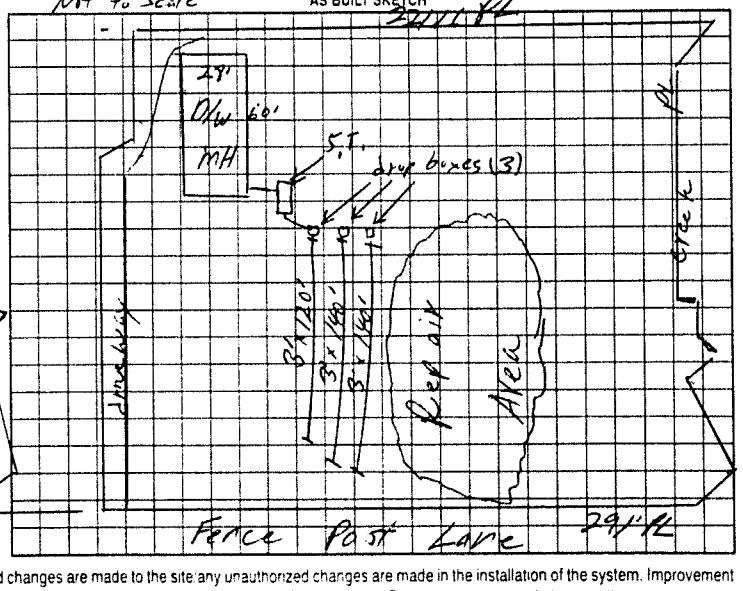
Comments/Conditions: - Poly lok filter Installed - S.T. Marker Installed

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: Dale Stikeleather date ____ Installed by: Derek Barnes

Improvement Permit by: William O. Johnson date 4/3/02 Operation Permit by: William O. Johnson date 4/5/02

Authorization to Construct by: William O. Johnson date 4/3/02 Existing System Inspection by: ____ date ____

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