# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERM# 111046 PIN# 3799-83-4147 DATE 2/4/03

OWNER OR CONTRACTOR Timmy Stikeleather PHONE: Business — Home (704) 585-6446

ADDRESS P.O. Box 245 Hiddenite, N.C. 28636

LOCATION Hwy 90 W, @ Midway Rd, @ on Haly burton, S/W on right (138 Haly burton Rd)

SUBDIVISION Haly brook BLOCK / SECTION — LOT 11 LOT AREA .57 Ac SITE CLASS. P5 DESIGN FLOW 360 L.T.A.R. .30 gpd/ft²

Septic Tank: 4000 Gallons; STB 1007 Date 5-24-03
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400'
No Lines 5 Trench Width 36" Max Trench Bottom Depth 32" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity, Conventional
Repair System Description: LPP - 50%
Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 3
☒ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____

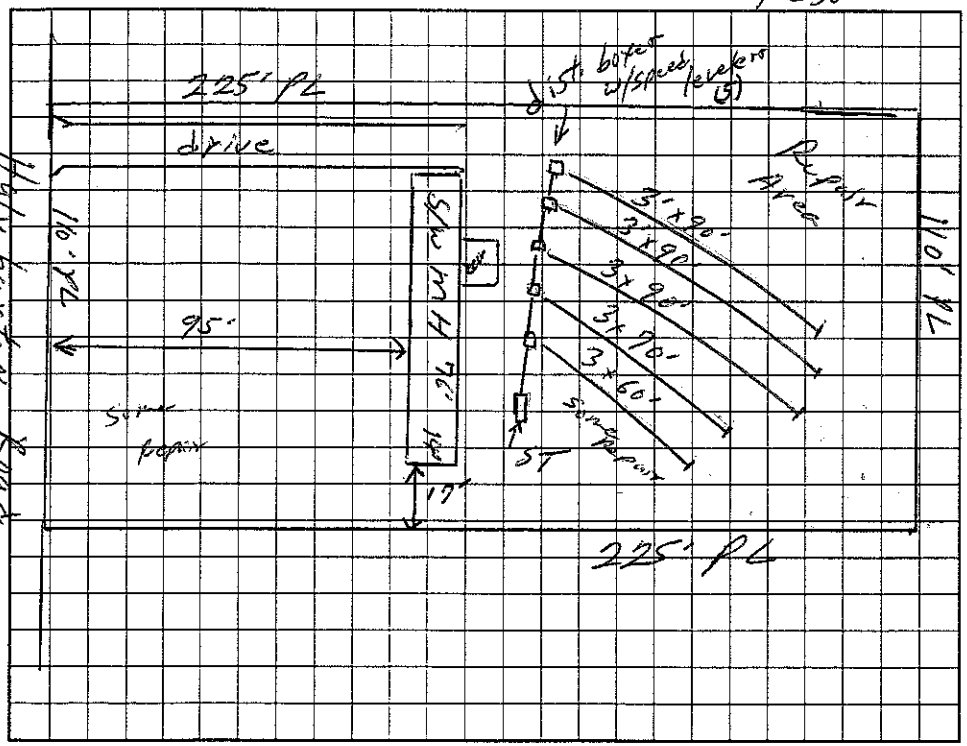
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments/Conditions: ① Maintain proper setbacks ② do not install when wet ③ Install lines on Contour

Comments/Conditions:
- poly/ok filter Installed
- ST Maker Installed

INITIAL SITE SKETCH 1" = 50'




AS BUILT SKETCH

Installed As Shown

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: ____ date 2-6-03 Installed by: George Anthony & George's Landscaping

Improvement Permit by: William O. Johnson date 2/4/03 Operation Permit by: William O. Johnson date 7/18/03

Authorization to Construct by: William O. Johnson date 2/4/03 Existing System Inspection by: ____ date ____

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