IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122701 PIN# 4665304733 DATE 6/13/08

OWNER OR APPLICANT Alan Steighner PHONE: Business 704.987.0088 Home 704.506.1376

ADDRESS 1136 Sun Furr Rd. Huntersville, NC 28078

LOCATION Shewers Rd., TR Huntington Ridge, 1st end

SUBDIVISION Huntington Ridge BLOCK / SECTION — LOT 17 LOT AREA 2.209 Ac SITE CLASS. P.S.I DESIGN FLOW 480 gal/day T.A.R. 0.3

Septic Tank: 1000 Gallons: STB 794 Date 5/29/08

Pump Tank: 1000 Gallons: PT 29 Date 10/30/08

Pump Make: Goulds Model SE Star Serial No.

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 400

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth — ☐ Gravity ☒ Pressure

☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: pump 25%

Repair System Description: LP Panel

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons

☐ Business No. Employees

☐ Other

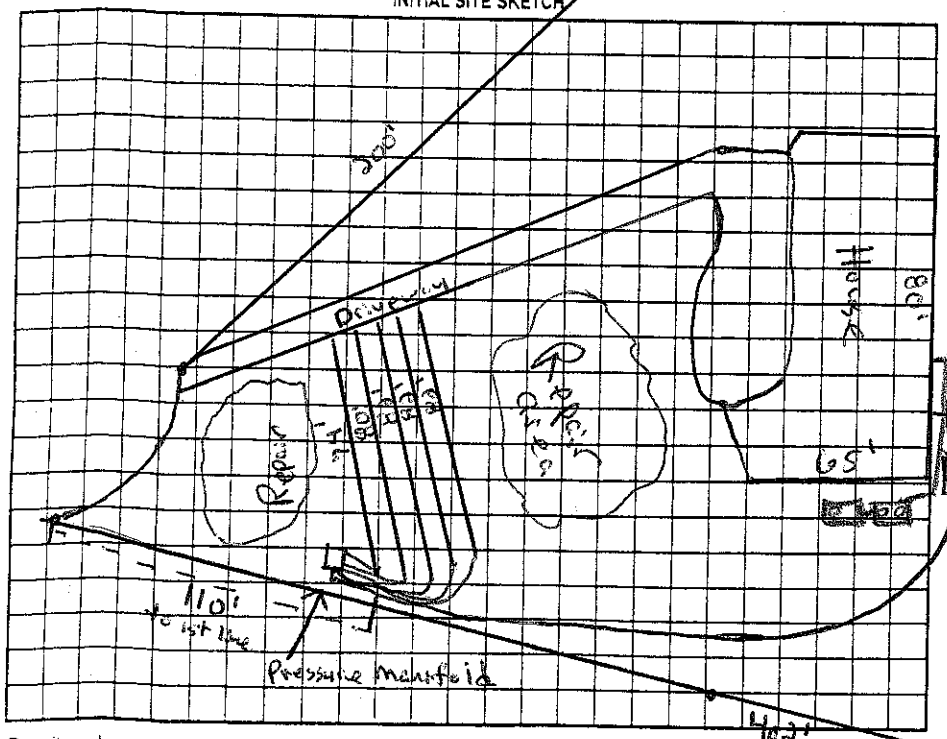
Water Supply: ☒ Individual ☐ Public ☐ Community

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

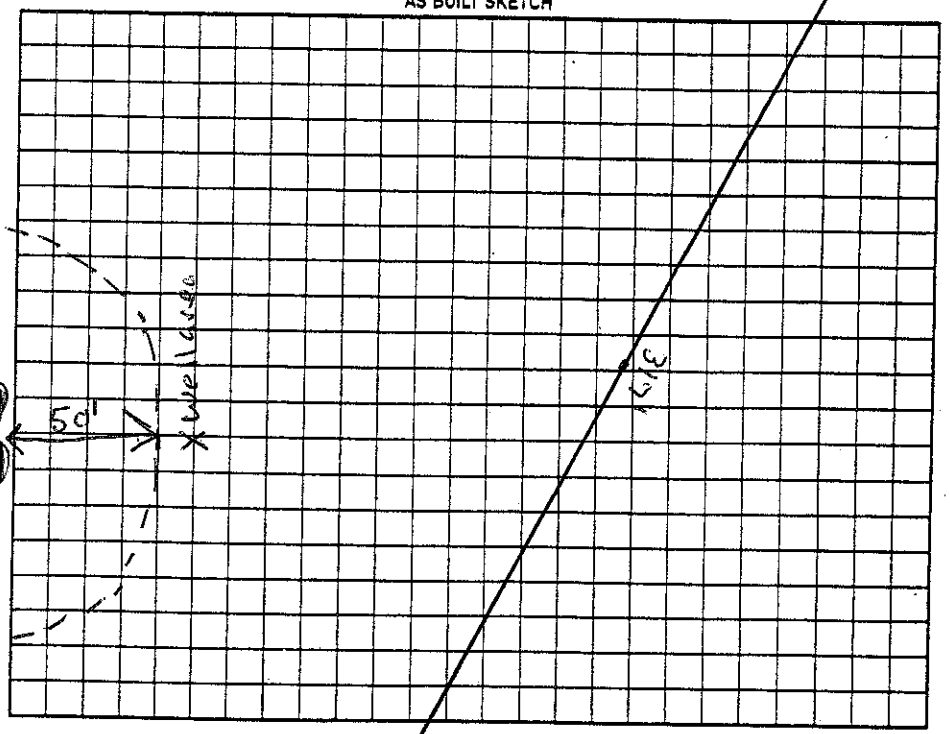
Comments/Conditions: -Install on contour, maintain all setbacks
-1st line starts 110' down right property line

Comments/Conditions: 1/16/09 Checked elevation of area.

INITIAL SITE SKETCH



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: Theresa Steighner date 6/13/08

Improvement Permit by: Randy Moore date 6/13/08

Authorization to Construct by: Randy Moore date 6/13/08

Installed by: Hinkle

Operation Permit by: [signature] RS date 1/16/09

Existing System Inspection by: date

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