# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# REPAIR PIN# 4706-70-1754 DATE 11-8-05

OWNER OR CONTRACTOR CHRISTOPHER R. STIKELEATHER PHONE: Business 704-878-3426 Home 704-872-7785

ADDRESS 4317 TAYLORSVILLE HWY, STATESVILLE NC 28625-1843

LOCATION NC 90 WEST, 9th HOUSE ON LEFT PAST LIPPARD FARM ROAD AT BOX # 4317

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 0.67 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 3/2-1000 Date 10-7

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 270 Linear Feet 90

No Lines TWO Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12" +

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

System Description: _____

Repair System Description: CONVENTIONAL GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

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

Water Supply: ☐ Individual ☑ Public ☐ Community

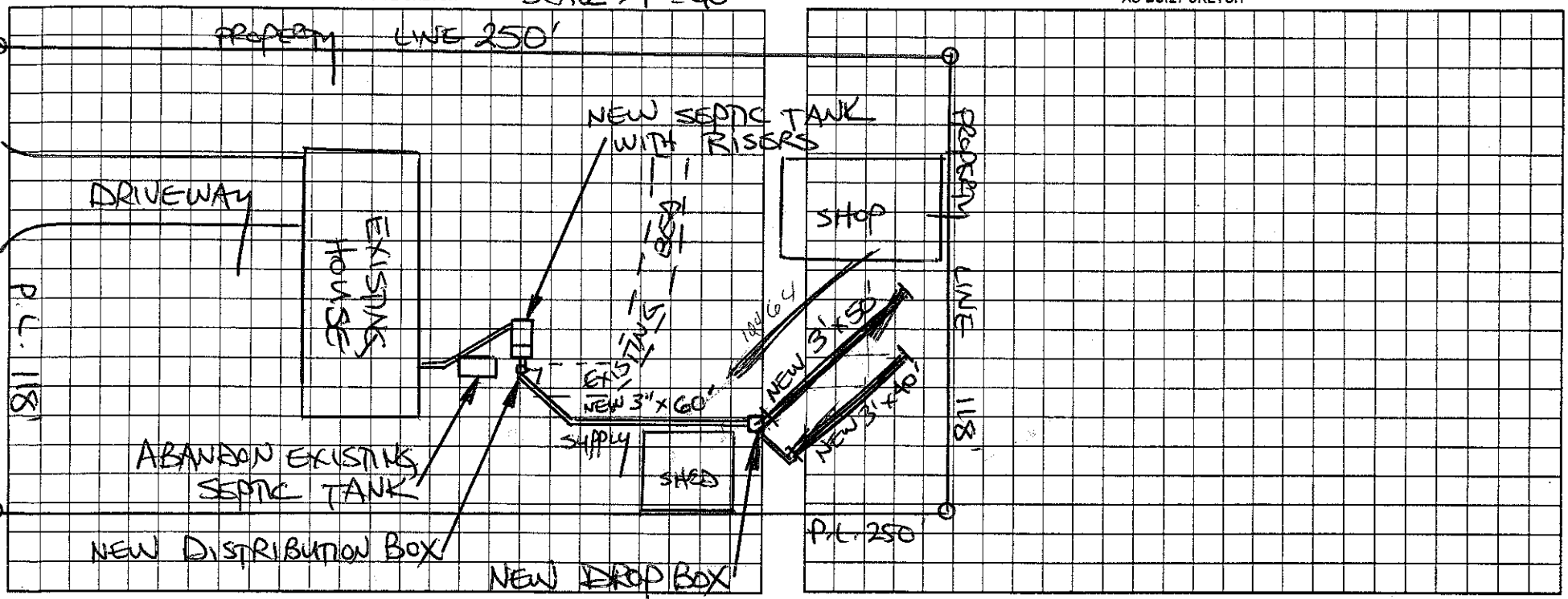
Comments/Conditions: ① CRUSH & FILL EXISTING SEPTIC TANK ② INSTALL NEW SEPTIC TANK WITH RISERS ③ INSTALL NEW DIST. BOX FEEDING EXISTING LINE 1ST THEN NEW DROP BOX FEEDING TWO NEW LINES AS FLAGGED.

Comments/Conditions: ④ AN "ACCEPTED" SYSTEM MAY ALSO BE USED

Red Flags

INITIAL SITE SKETCH ~ SCALE: 1" = 40'

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: Christopher R. Stikeleather date 11-8-05 Installed by: Larry Beam

Improvement Permit by: STEVE HEDRICK date 11-8-05 Operation Permit by: James Stowe date 11-9-05

Authorization to Construct by: STEVE HEDRICK date 11-8-05 Existing System Inspection by: _____ date _____

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