IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 119801 PIN# 4716-51-7624 DATE 5/17/04

OWNER OR CONTRACTOR Tim Stikeleather PHONE: Business — Home (704) 924-7213

ADDRESS 369 Turnwater Lane Statesville, N.C. 28625

LOCATION Hwy 90 West @ Little Farm Rd & Jo Mann Loop, House on right in back corner

SUBDIVISION Little BLOCK / SECTION — LOT 85-91 LOT AREA .76 Acres SITE CLASS. F5 DESIGN FLOW 360 L.T.A.R. .30

Septic Tank: 4,000 Gallons; STB 1007 Date 3/19/00
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet Eq to 4200 Linear Feet 300
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☒ New System ☐ Repair System Type: I, II, ☒ III, IV, V, VI
System Description: Gravity, 25% Reduction
Repair System Description: Pump, 50% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No

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

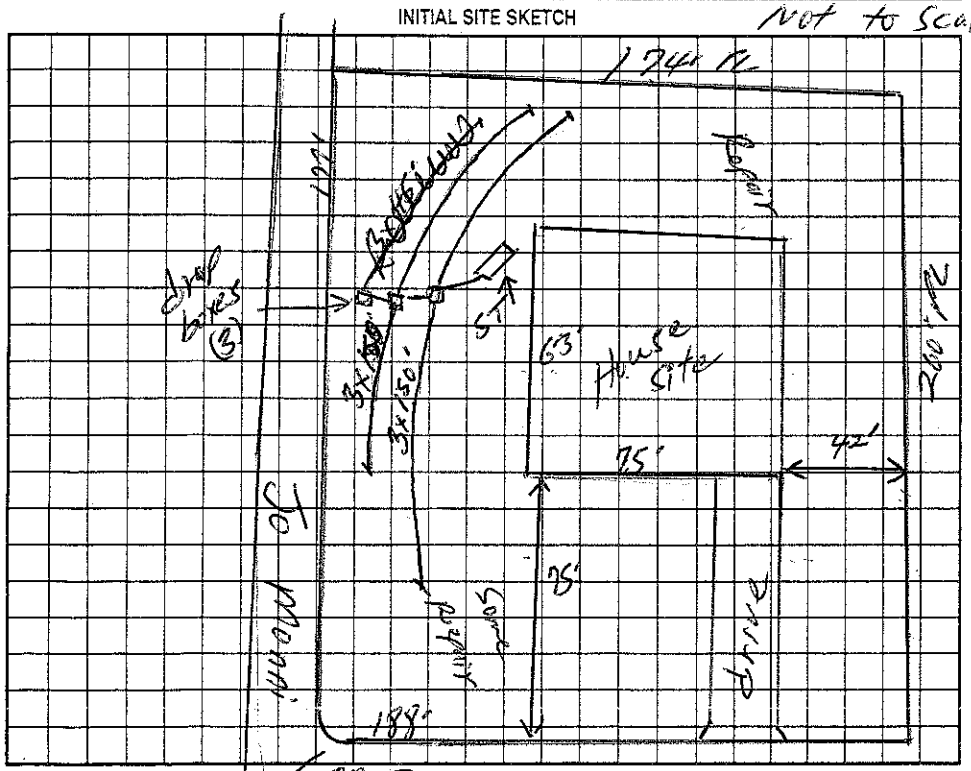
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions: (1) Install lines on contour (2) maintain correct setbacks

Comments:/Conditions: Septic tank Make Black Label

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: [signature] date 5-20-04 Installed by: James Hudler

Improvement Permit by: [signature] date 5/17/04 Operation Permit by: [signature] date 5-9-06

Authorization to Construct by: [signature] date 5/17/04 Existing System Inspection by: ____ date ____

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