IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (C) MOORESVILLE 704-664-5281

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

PERMIT# 121940 PIN# 4728-31-4268 DATE 6/17/04

OWNER OR CONTRACTOR Ben Stikeleather PHONE: Business - Home (704) 881-0244

ADDRESS 128 Farm House Rd Statesville N.C. 28625

LOCATION Hwy 115 N, Left on Farm House Rd 2nd House on Right

SUBDIVISION - BLOCK / SECTION - LOT - LOT AREA .70 Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .35 gpd

Septic Tank: 4000 Gallons; STB 1007 Date 8-16-04

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet Eats 1029 Linear Feet 180

No Lines Six(6) Trench Width 2 Feet Max Trench Bottom Depth 36 Gravel Depth NA

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

System Description: Gravity Conv. Block

Repair System Description: Pump, Pump & Block

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

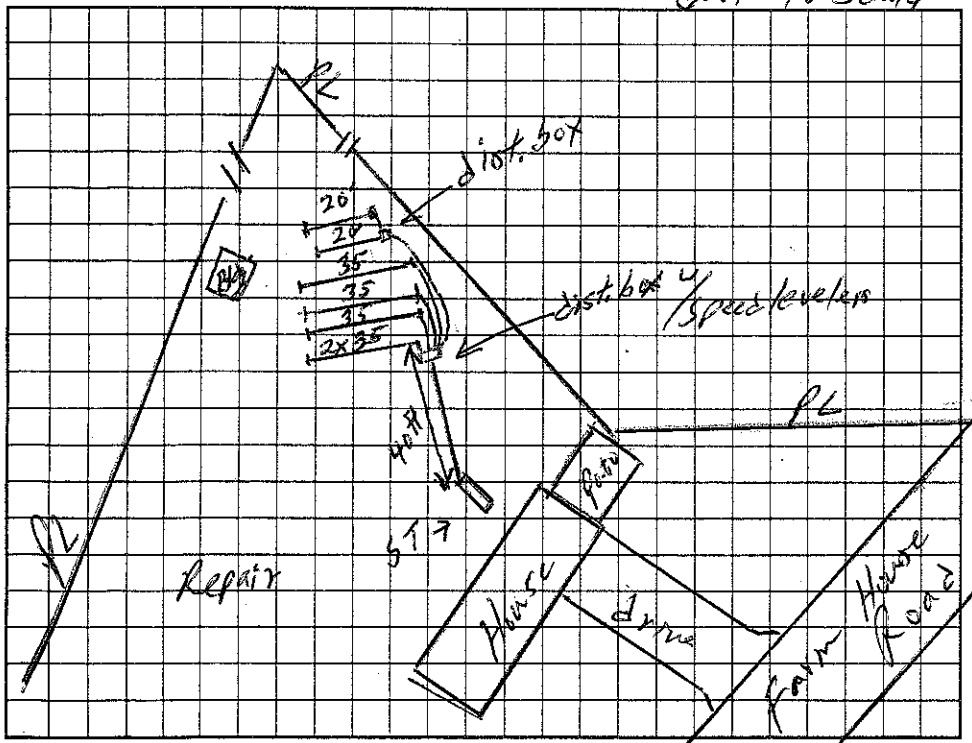
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: (1) Pump & Crush Existing Septic Tank. (2) Replace S.T. with Tee Effluent (2) Install 40 Panel Blocks w/Sand-30 Tons. (3) All waste water to go into Septic System.

Comments:/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "ZABEL" FILTER

INITIAL SITE SKETCH (Not to Scale)



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE 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: x Ben Stikeleather date x8-9-04 Installed by: JAMES HUBER

Improvement Permit by: William A. Johnson date 6/17/04 Operation Permit by: STEVE HEDRICK date 10-18-04

Authorization to Construct by: William A. Johnson date 6/17/04 Existing System Inspection by: _____ date _____

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