# IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 155.00 Pd. MOORESVILLE 704-664-5281

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

PERMIT# 089171 PIN# 4733-90-5023 PT DATE 11/15/01

OWNER OR CONTRACTOR STEVE HILKERT PHONE: Business _____ Home _____

ADDRESS 146 CARRIAGE RD - STATESVILLE NC 28677

LOCATION 215 - TL MOOSE CLUB - TL SKYUKA - TR APPLE VALLEY ON LT

SUBDIVISION MEADOW PENES BLOCK / SECTION _____ LOT 5 LOT AREA _____ SITE CLASS. PS DESIGN FLOW 340 GPD L.T.A.R. .25 sqrt(1/4) =

Septic Tank: 1600 Gallons: STB 825 Date 06/05/02
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 320 Linear Feet 160
No Lines 4@40' Trench Width 24" Max Trench Bottom Depth 30"

☑ New System ☐ Repair System Type: I. II. III. IV. V. VI
System Description: GRAVITY PANEL 50% REDUCTION
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☑ No
Gravel Depth N/A ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

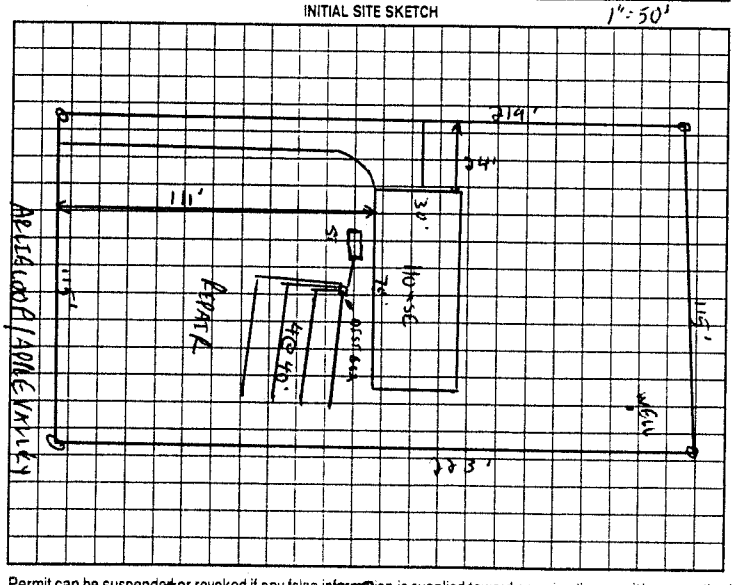
☑ House/Mod. Home No. Bedrooms 2
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments/Conditions:

Comments/Conditions: - SEPTIC TANK INSTALLED USING POLY-LOK FILTER & SEPTIC MARKER

INITIAL SITE SKETCH 1"=50'




AS BUILT SKETCH

- SYSTEM INSTALLED AS SHOWN ON 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: _____ date 5-15-02 Installed by: CAROLINA PIPE CLEANING

Improvement Permit by: _____ date 11/15/01 Operation Permit by: _____ date 09/13/02

Authorization to Construct by: _____ date 8/7/02 Existing System Inspection by: _____ date _____

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