IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 24948 / 11/2001 PIN# ~~Tax map No. 6-B-77~~ 4733906378 DATE 11-19-99

OWNER OR CONTRACTOR Steven Hilkert PHONE: Business _____ Home 838-0594

ADDRESS 139 Bost St. Statesville, N.C.

LOCATION Skyuka Rd Turn Arlie Loop 6th on left

SUBDIVISION ~~Hilkert Property~~ BLOCK / SECTION _____ LOT 6 LOT AREA 117X215 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 012 Date 08/10/02
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Conv. Gravity
Repair System Description: Gravity 25% Red.
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

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

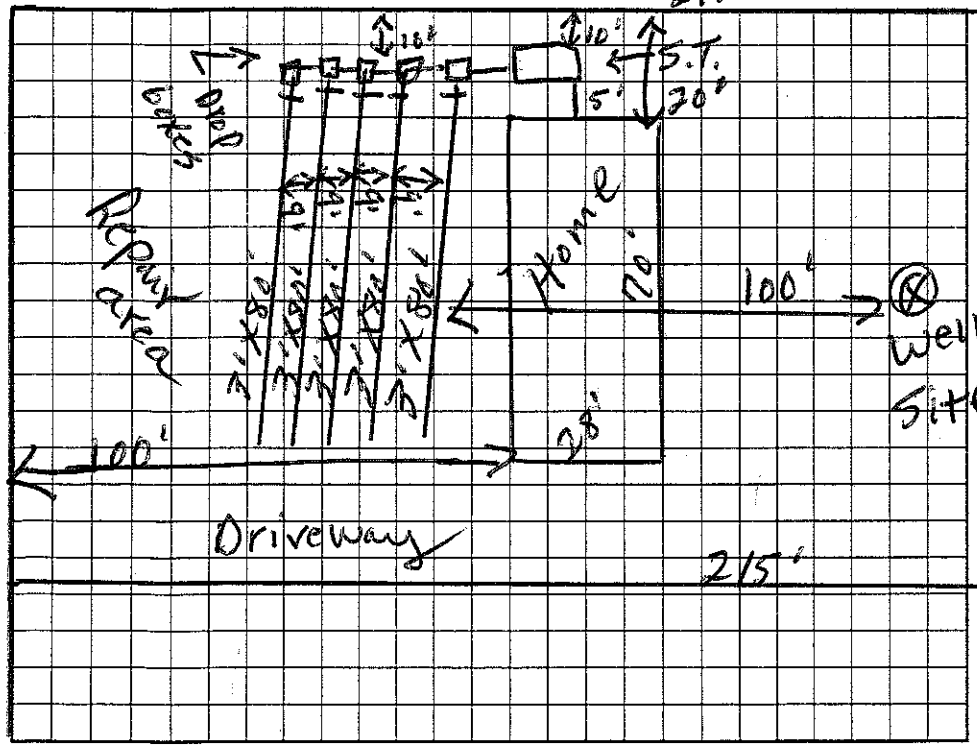
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

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- SEPTIC TANK INSTALLED USING TUFF-TIGHT FILTER.
* SYSTEM INSTALLED DURING PERIOD OF WET SOIL CONDITIONS

INITIAL SITE SKETCH



AS BUILT SKETCH

* SYSTEM INSTALLED AS SHOWN IN INITIAL SITE SKETCH

117'

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: S. L. Hilkert date 11-23-99 Installed by: A-1 BACKHOE 03/31/03 / 04/01/03

Improvement Permit by: R.C. Moore date 11-19-99 Operation Permit by: Patrick Mitchell date 04/01/03

Authorization to Construct by: R.C. Moore date 11-19-99 Existing System Inspection by: _____ date _____

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