2123.

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 090348 PIN# 4749 68 0249 DATE 7-10-2000

OWNER OR CONTRACTOR STIKELEATHER & ASSOC PHONE: Business 876-8697 Home

ADDRESS P.O. BOX 6286, STATESVILLE, NC 28687

LOCATION US 21 N, TL JENNINGS RD, TL RAIDER RD, TR CON-LEE DRIVE, 4TH LOT ON RIGHT

SUBDIVISION CON-LEE HGHTS BLOCK / SECTION LOT 7 LOT AREA 100' X 200' SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 9/13/00
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines SIX Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I (II) III IV V VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: PPBPS Pump-Fed
Maintenance Agreement Required: ☐ Yes ☑ No

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

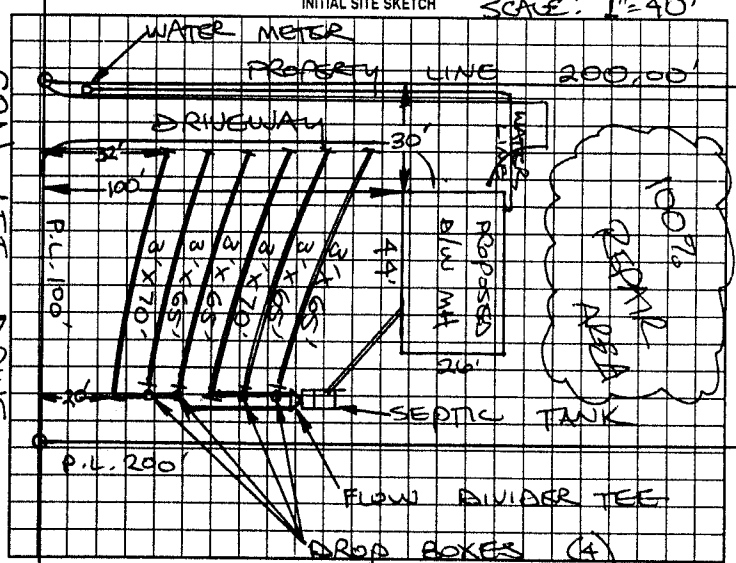
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

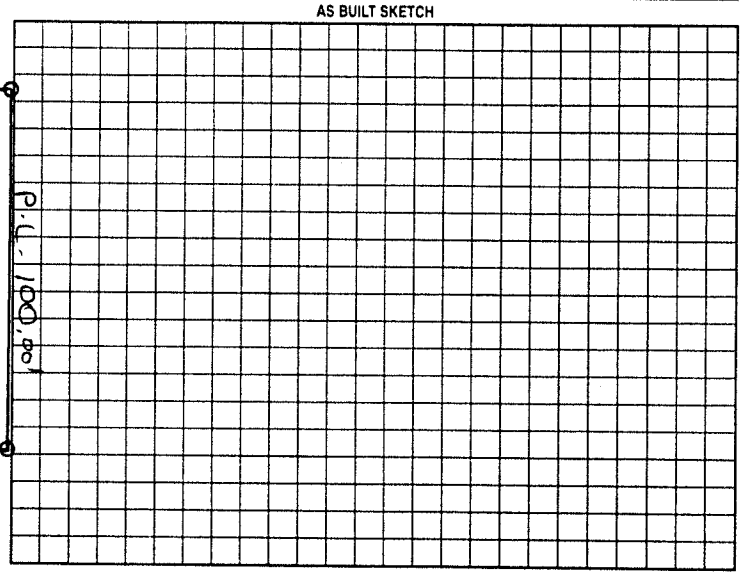
Comments/Conditions: KEEP SYSTEM MINIMUM 10 FEET FROM WATER LINE (AS SHOWN)

Comments/Conditions:

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: [signature] date 7-17-01 Installed by: Jerry Cothran

Improvement Permit by: STEVE HEDRICK date 7-10-2000 Operation Permit by: [signature] RSI date 10/11/00

Authorization to Construct by: STEVE HEDRICK date 7-10-2000 Existing System Inspection by: date

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