IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 91447 PIN# 4766958946 DATE 9/21/00

OWNER OR CONTRACTOR STYKE LEATHER + ASSOC. PHONE: Business 876-6847 Home

ADDRESS PO BOX 6256 STATESVELLE · NC 28687

LOCATION 64E - TL RIVERHILL - TL CHESTNUT GROVE - TR EASTGATE - ON LT

SUBDIVISION EASTGATE EST BLOCK / SECTION LOT 11 LOT AREA .48AC SITE CLASS. PS DESIGN FLOW 360 GPD L.T.A.R. 3000/FT2

Septic Tank: 1000 Gallons; STB 1007 Date 9/22/00
Pump Tank: 1000 Gallons; PT 274 Date 8/31/00
Pump Make: Gravities Model WE03IM Serial No. 302226401
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 4@75' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: PUMP 25% REDUCTION
Repair System Description: PUMP SAME
Maintenance Agreement Required: ☐ Yes ☑ No

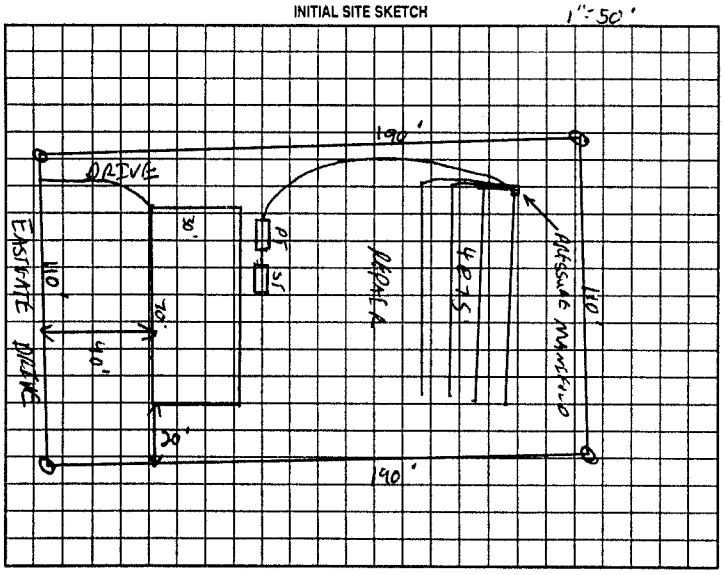
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees
☐ Other
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions: Polylok filter - infiltrators installed
Lines + Tanks checked 11/2/00 GM
Pressure & Electrical Checked 5-24-01

INITIAL SITE SKETCH 1"=50'



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: Ben Styke Leather date 9-25-00 Installed by: Tommy Coryeon Olson

Improvement Permit by: [signature] RS date 9/21/00 Operation Permit by: [signature] RSE date 5-24-01

Authorization to Construct by: [signature] RS date 9/21/00 Existing System Inspection by: date

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