(10:30)

* Changes approved by Health Dept Prior to Construction

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 090349 PIN# 4766959089 DATE 7-10-2000

OWNER OR CONTRACTOR Stike Leather & Assoc. PHONE: Business (704) 876-6847 Home

ADDRESS P.O. Box 6286 Statesville, NC 28687

LOCATION Hwy 64E TL Riverhill TL Chestnut Grove TR Eastgate on Rt.

SUBDIVISION Eastgate East BLOCK / SECTION ____ LOT 33 LOT AREA .41 Acre SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 2-7-01

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 2 Square Feet 960' Linear Feet 320'

No Lines 8 at 40' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

[X] New System [ ] Repair System Type: I, II, (III), IV, V, VI

System Description: Gravity - * 25% Reduction

Repair System Description: Grav/Pump - Panel Block

Maintenance Agreement Required: [ ] Yes [X] No

[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

[ ] House/Mod. Home [X] Mobile Home [ ] Business [ ] Other

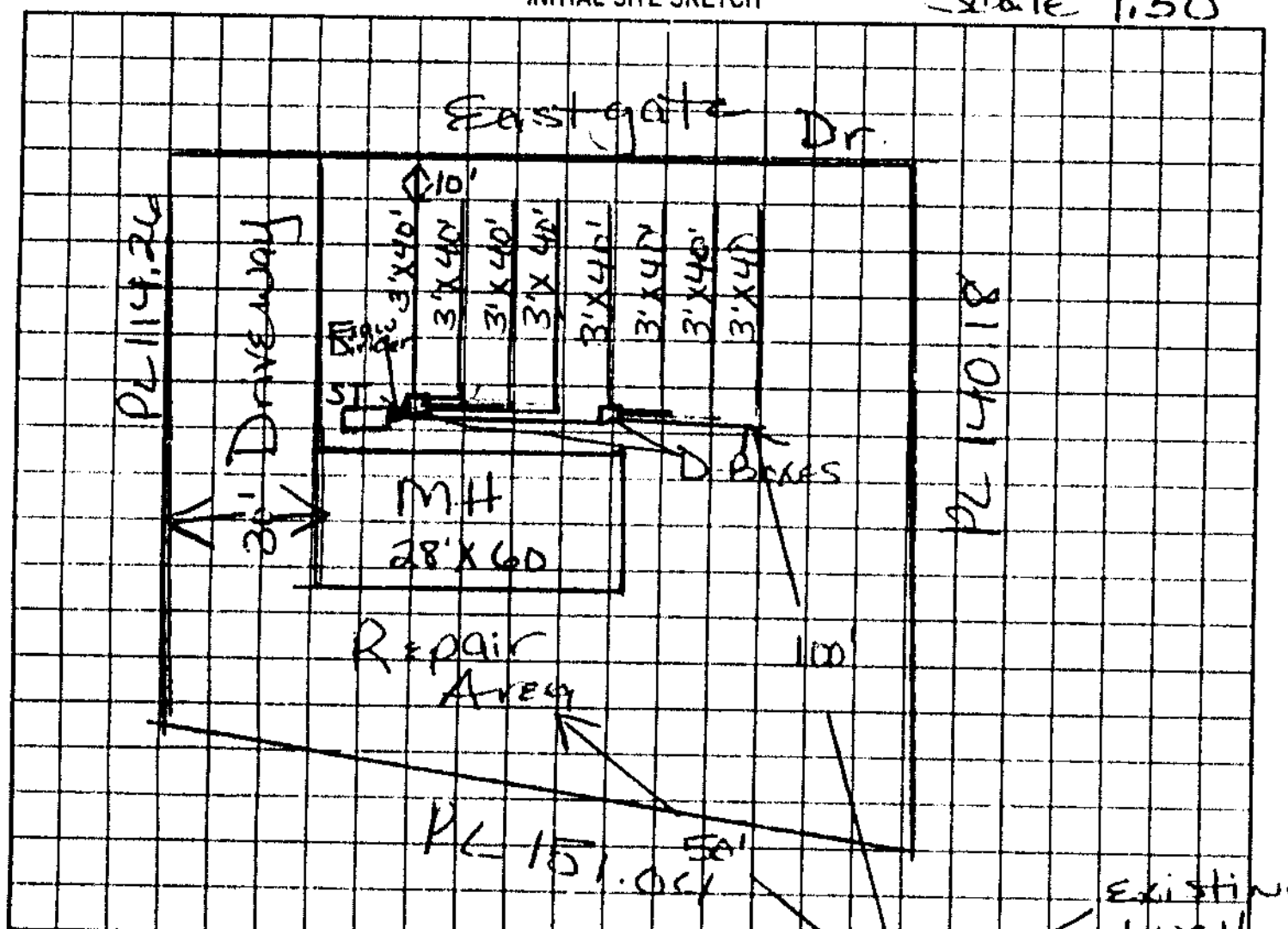
No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

Water Supply: [ ] Individual [X] Public [ ] Community

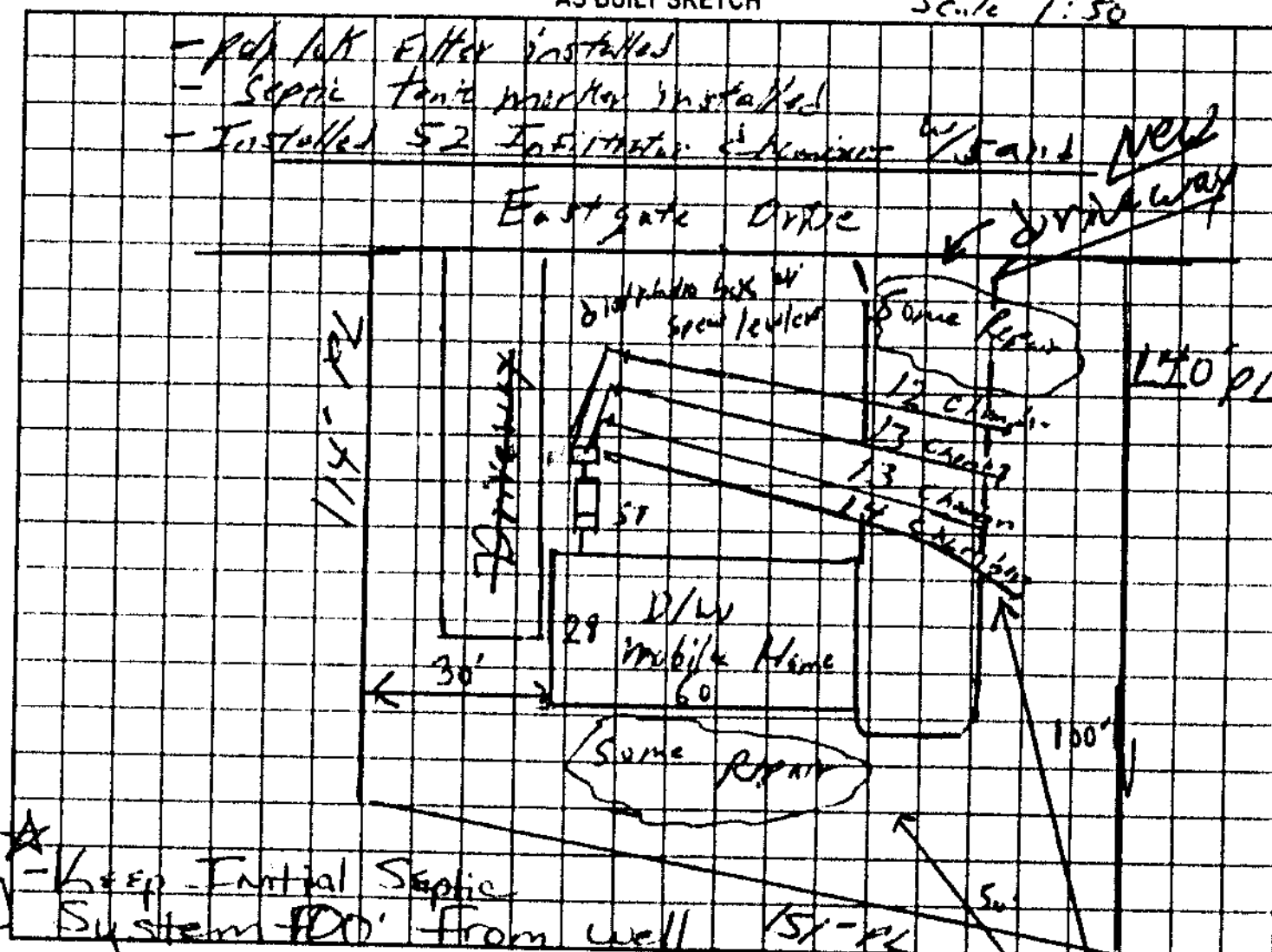
Comments/Conditions: Keep Septic System at least 10' from PL, 5' from house & 100' to Existing well.

Comments/Conditions: Distribution = Flow Divider to 2 Separate D-Boxes or May use Drop Boxes
* 25% Reduction in Drainfield Area (Chambers or EZ-Flow)

INITIAL SITE SKETCH Scale 1:50



AS BUILT SKETCH Scale 1:50



* Keep Initial Septic System 100' from well

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 7-14-00 Installed by: Tommy Cothren

Improvement Permit by: [signature] R.S. date 7/11/2000 Operation Permit by: [signature] RSI date 4-3-01

Authorization to Construct by: [signature] R.S. date 7/11/2000 Existing System Inspection by: ____ date ____

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