IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 090350 PIN# 4776040804 DATE 7-11-2000

OWNER OR CONTRACTOR Strickleather & Assoc. PHONE: Business 876-6847 Home

ADDRESS 14 Eastgate Dr. P.O. Box 8286 Statesville NC 28687

LOCATION 14 Eastgate Dr - Hwy 64 E TL Riverhill TL Chestnut Grove TR Eastgate on Rt

SUBDIVISION Eastgate Est BLOCK / SECTION LOT 35 LOT AREA .62 Acre SITE CLASS PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 7/19/2000
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'
No Lines 5 at 80' Trench Width 36" Max Trench Bottom Depth 20" Gravel Depth 12"

[X] New System [ ] Repair System Type: I (II) III IV V VI
System Description: Gravity - Conventional
Repair System Description: Gravity - Innovative
Maintenance Agreement Required: [ ] Yes [X] No

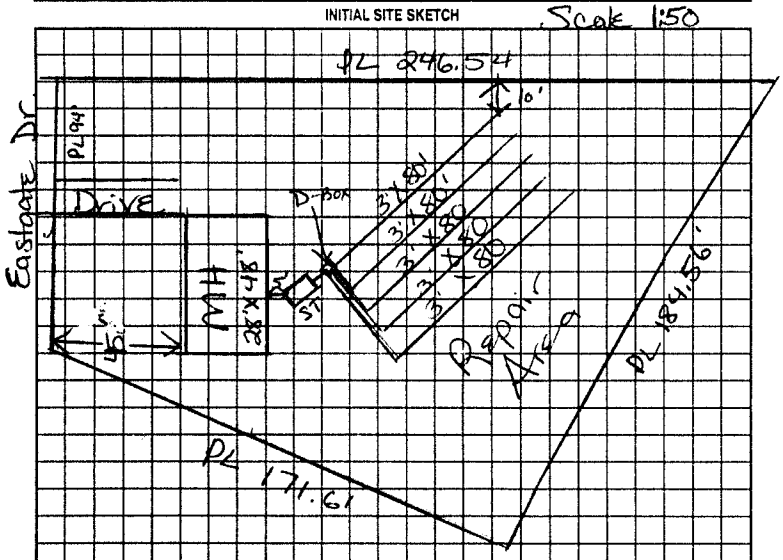
[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 2
[ ] Business No. Employees
[ ] Other
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

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

Comments/Conditions: Keep Septic System at least 10' from PL & 5' from House.

Comments/Conditions:

INITIAL SITE SKETCH



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 7-14-00 Installed by: Cothern's Backhoe

Improvement Permit by: Maria H. Dotson RS date 7/12/2000 Operation Permit by: [signature] RSI date 8/28/00

Authorization to Construct by: Maria H. Dotson RS date 7/12/2000 Existing System Inspection by: date

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