IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 86569 PIN# 4766959764 DATE 12-2-99

OWNER OR CONTRACTOR Strickleather & associates PHONE: Business 876 6847 Home

ADDRESS PO Box 6286 Statesville

LOCATION 64 E TL Rivermill TL Chestnut Grove TR Eastgate 11th lot Rt.

SUBDIVISION Eastgate Est. BLOCK / SECTION LOT 27 LOT AREA 22,895 sq' SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .33

Septic Tank: 1000 Gallons; STB 825 Date 11-1-99
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No
Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360
No Lines 3 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

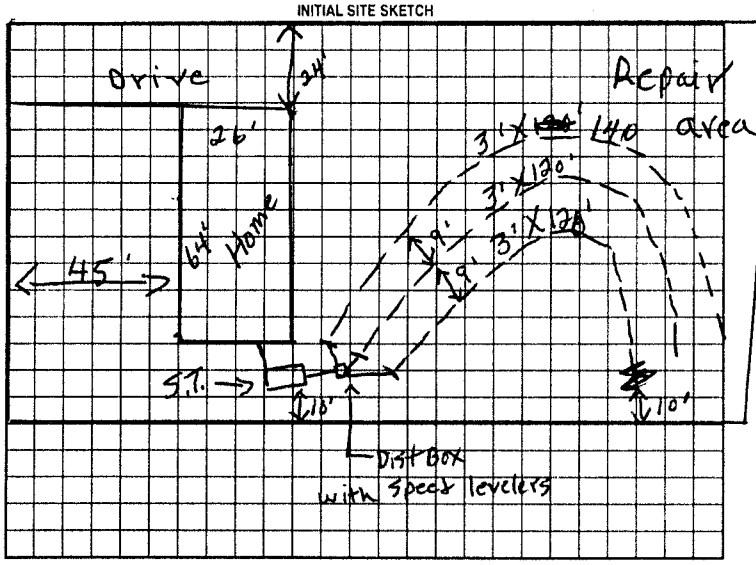
☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions:

Comments/Conditions

INITIAL SITE SKETCH



AS BUILT SKETCH

Same as initial sketch Except line lengths

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: David Strickleather date Installed by: C+W Grading

Improvement Permit by: R. C. Moore date 12-2-99 Operation Permit by: R. C. Moore date 1-12-00

Authorization to Construct by: R. C. Moore date 12-2-99 Existing System Inspection by: date

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