IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT VOIDS PREVIOUS ISSUED 4-12-99

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

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

PERMIT# 080467 PIN# 4779 68 7196 DATE 5-20-99

OWNER OR CONTRACTOR FILBERT PISHNER PHONE: Business 873-7130 Home

ADDRESS 126 HORIZON DRIVE, STATESVILLE, NC 28677

LOCATION US 21 N, TR MT, BETHEL RD, 0.4 MILE ON LEFT, BACK OFF ROAD AT RIGHT TURN

SUBDIVISION BLOCK / SECTION LOT LOT AREA 35.54 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.33 GAD/FT²

Septic Tank: 1000 Gallons; STB 620 Date 6-18-99
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 3600
No Lines FOUR 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: 50% REDUCTION
Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

No. Bedrooms 3 No. Bathrooms 2 No. Employees

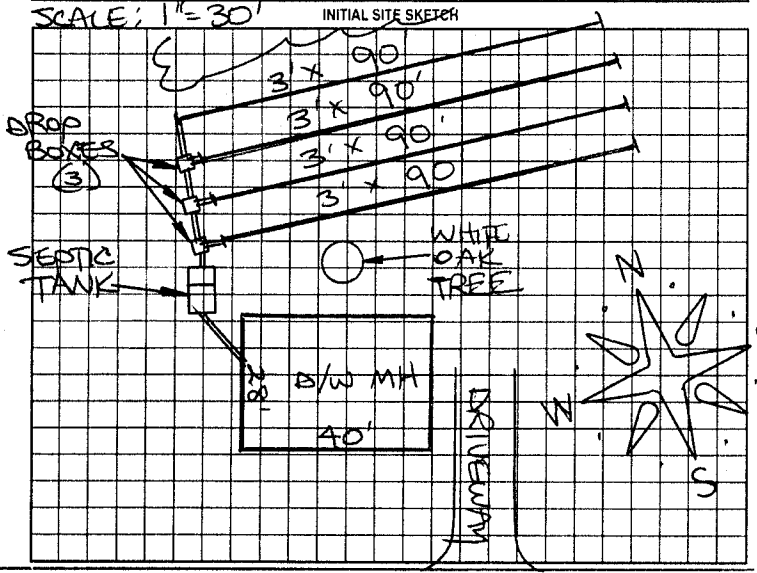
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions:
REPAIR

Comments/Conditions:
Installed as shown

SCALE: 1"=30'

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: Fil Pishner date 5-20-99 Installed by: Sammy Reavis

Improvement Permit by: STEVE HEDRICK date 5-20-99 Operation Permit by: [illegible] C.O.F. 123 date 9-2-99

Authorization to Construct by: STEVE HEDRICK date 5-20-99 Existing System Inspection by: date

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