IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 104730 PIN# 4779-68-5129 DATE 2-18-02

OWNER OR CONTRACTOR FILBERT W. PISHNER PHONE: Business _____ Home 704-546-7478

ADDRESS 141 ESTER DRIVE, STATESVILLE, NC 28625

LOCATION US 21 N, TR MT. BETHEL ROAD, TL ESTER DR, BEAR RIGHT 2ND MH ON LEFT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 55.2 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons, STB 760 Date 11-20-01
Pump Tank: _____ Gallons, PT _____ Date _____
Pump Make: _____ Model _____ Serial No _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
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: ~~LARGE~~ DIAMETER PIPE
Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

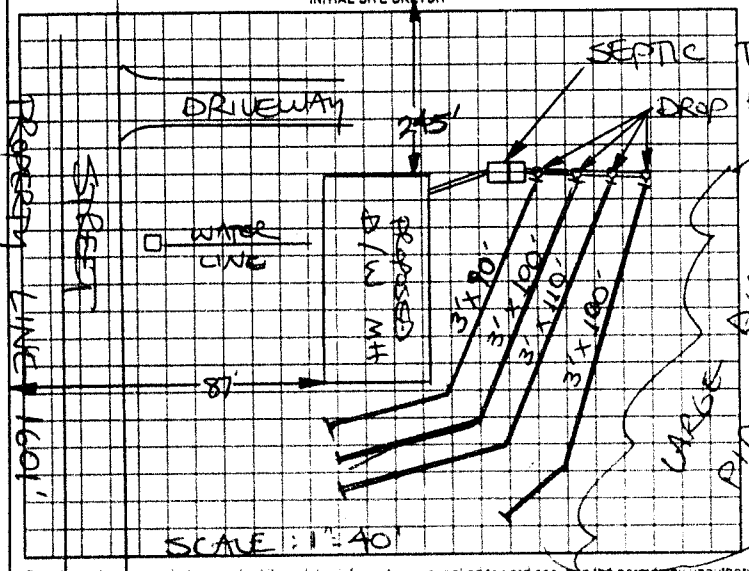
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

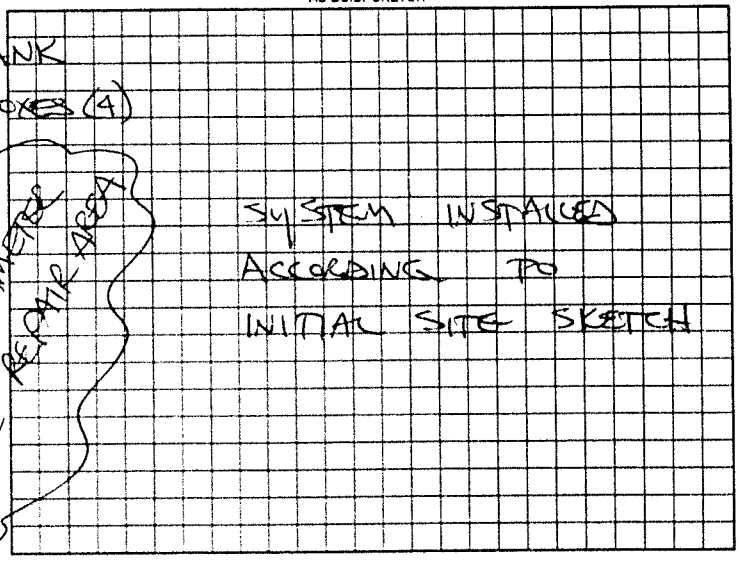
Comments/Conditions:

Comments/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "ZABEL" FILTER

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 18 Feb 02 Installed by: BRENT GAILLIHER

Improvement Permit by: STEVE HEDRICK date 2-18-02 Operation Permit by: STEVE HEDRICK date 2-26-02

Authorization to Construct by: STEVE HEDRICK date 2-18-02 Existing System Inspection by: _____ date _____

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