IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 100765 PIN# 4706-07-8912 DATE 6/18/01

OWNER OR CONTRACTOR William Lewis Feimster PHONE: Business — Home (704) 585-2280

ADDRESS 422 E. Lockey Farm Rd Stony Point N.C. 28678

LOCATION Hwy 64-90, (R) East Lockey Farm Rd, 7th drive on Rt. RT

SUBDIVISION — BLOCK / SECTION — LOT 16 LOT AREA 1.6 Ac. SITE CLASS PS DESIGN FLOW 240 L.T.A.R. .3

Septic Tank: 4 000 Gallons: STB 794 Date 10-3-99
Pump Tank: ____ Gallons: PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 800 Linear Feet 267'
No Lines 4 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

X New System ☐ Repair System Type: I (II) III. IV. V. VI
System Description: Gravity, Conventional
Repair System Description: Gravity, Conventional
Maintenance Agreement Required: ☐ Yes X No
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

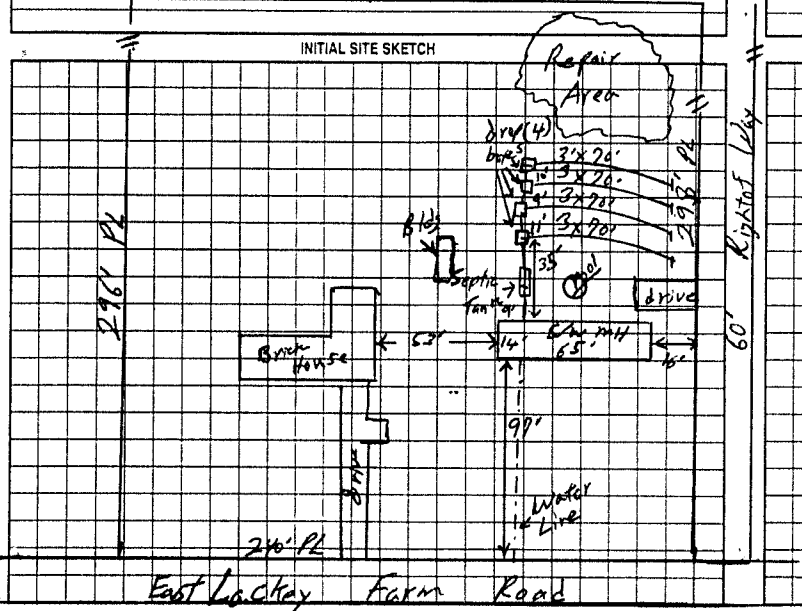
☐ House/Mod. Home X Mobile Home ☐ Business ☐ Other
No. Bedrooms 2 No. Bathrooms 1½ No. Employees ____

Water Supply: ☐ Individual X Public ☐ Community

Comments/Conditions: ① Install lines on contour ② Keep lines 10ft from PL +15ft from pool. ③ Do not install when wet. 240' PL

Comments/Conditions: Septic Tank Risers Installed - Zabel filter Installed

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as Shown Per Initial Site 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: William Lewis Feimster date 6/18/01 Installed by: Ecker Elder

Improvement Permit by: William O. Johnson RSI date 6/18/01 Operation Permit by: William O. Johnson date 6/28/01

Authorization to Construct by: William O. Johnson PSF date 6/18/01 Existing System Inspection by: ____ date ____

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