IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 11607A PIN# 4926-03-9130 DATE 10/14/03

OWNER OR CONTRACTOR Michael Lewan PHONE: Business (704) 873-9180 Home —

ADDRESS 220 Reed Brook Lane Statesville, NC 28677

LOCATION Hwy 115 N. to Scotts-Creek Rd to Cottle Ridge to E. Edinburgh lot on right

SUBDIVISION Cottle Ridge BLOCK / SECTION — LOT 5 LOT AREA .556 SITE CLASS. 5 DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 4000 Gallons; STB 825 Date 12-29-03
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 360
No Lines 3 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth NA

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity 25% Reduction
Repair System Description: Gravity, Pump 50% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No

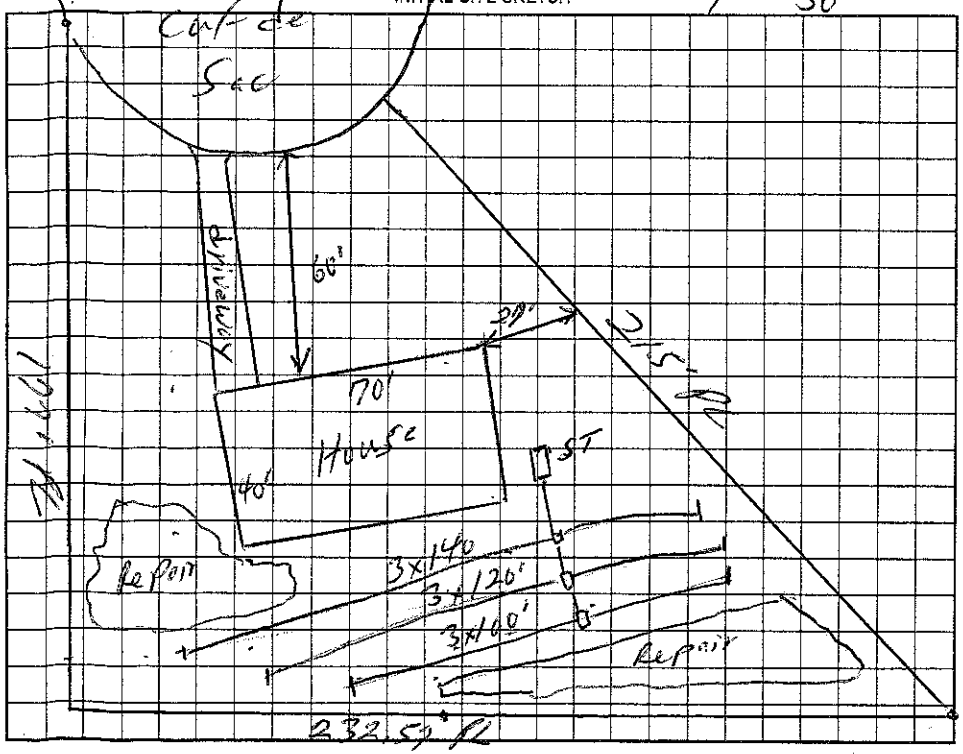
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

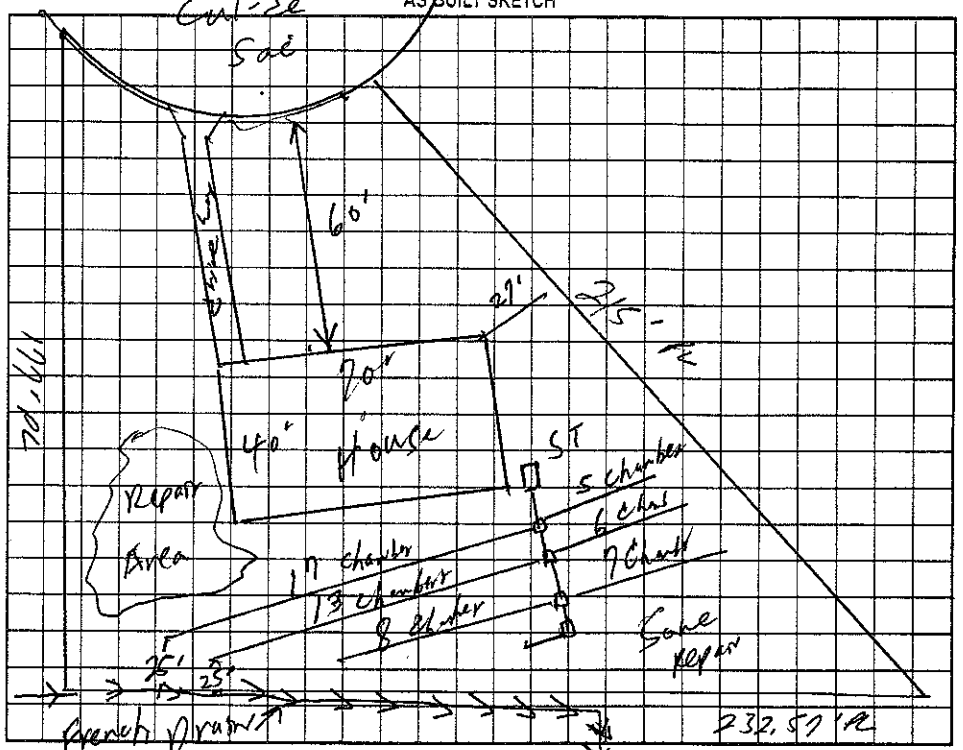
Comments/Conditions:

Comments/Conditions:
- Poly lok filter Installed
- 58 Chambers Infiltrator Installed
- Installed in Wet Conditions

INITIAL SITE SKETCH 1" = 50'



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: Michael Lewan date 10-14-03 Installed by: Rowan Septic - K. Call

Improvement Permit by: William O. Johnson date 10/14/03 Operation Permit by: William O. Johnson date 2/19/04

Authorization to Construct by: William O. Johnson date 10/14/03 Existing System Inspection by: _____ date _____

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