11:00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 14927 PIN# 4746260870 DATE 4-3-08

OWNER OR APPLICANT COLBY LEWIS PHONE: Business 704-437-3850 Home 878-2305

ADDRESS 118 New Hope Rd Statesville NC 28625

LOCATION 21 NORTH ① SHIMAKER ① NIVEN ① POSTELL 2ND LOT ON RT SUBDIVISION SHADOW WOOD BLOCK / SECTION LOT 22 LOT AREA .576 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 1.3

Septic Tank: 1000 Gallons: STB 1012-1000 Date 10-1-07
Pump Tank: Gallons: PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet ENGINEER Linear Feet 300'
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: CHAMP 250 gal Presst
Repair System Description: PUMP 250 gal Presst
Maintenance Agreement Required: ☐ Yes ☒ No
Gravel Depth N/A ☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

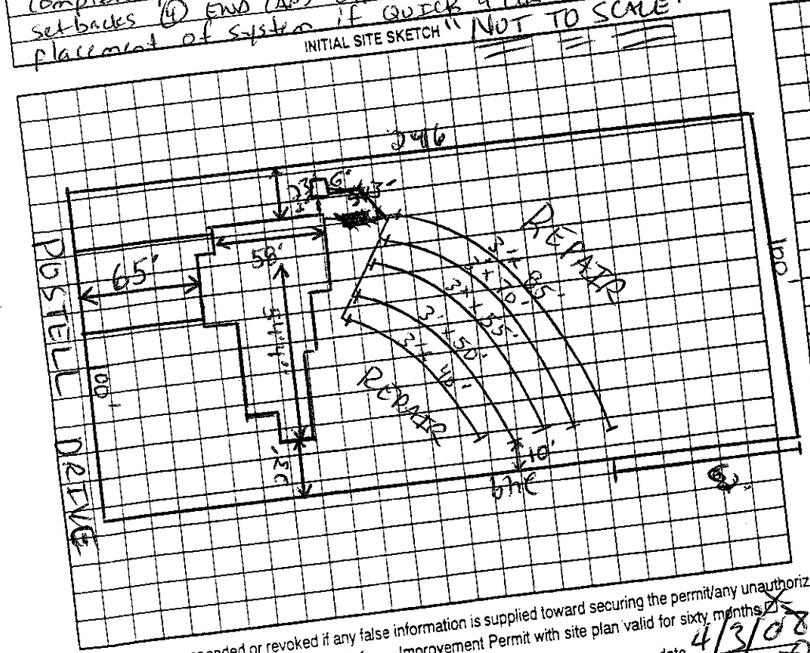
☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Persons 6 No. Employees

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions: ① SYSTEM + HOUSE FLAGGED OUT (completely) ② Install lines on contours ③ Maintain setbacks ④ END CAPS CAN BE USED DUE TO TIGHT placement of system if QUICK 4 CHAMBERS IS USED.

Comments:/Conditions: End cap distribution / yellow Fittings

INITIAL SITE SKETCH "NOT TO SCALE"



AS BUILT SKETCH

Installed AS DRAWN ON SITE PLAN.

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 Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☒

Signed: Colby Lewis date 4/3/08

Improvement Permit by: [signature] date 4-3-08

Authorization to Construct by: [signature] date 4-3-08

Installed by: Ground Breaker (Shannon Hendrix) date 25 Jan 08

Operation Permit by: [signature], R.S. date

Existing System Inspection by: date

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