IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 13373 PIN# 4767650852 DATE 2-23-06

OWNER OR CONTRACTOR Alan Lewis General Contractor PHONE: Business 704-871-7896 Home 704-878-2305

ADDRESS 118 New Hope RD Statesville NC 28625

LOCATION 21N (R) Dunlop Gate (L) Old Mocksville RD (L) Church Lake 400' on R. 3rd

SUBDIVISION Stone Creek BLOCK / SECTION ____ LOT #1 LOT AREA 756 SITE CLASS. 5 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 11-605
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields ____ Square Feet 1200 Linear Feet 300
No Lines 3 Trench Width 36" Max Trench Bottom Depth 32" Gravel Depth ____

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

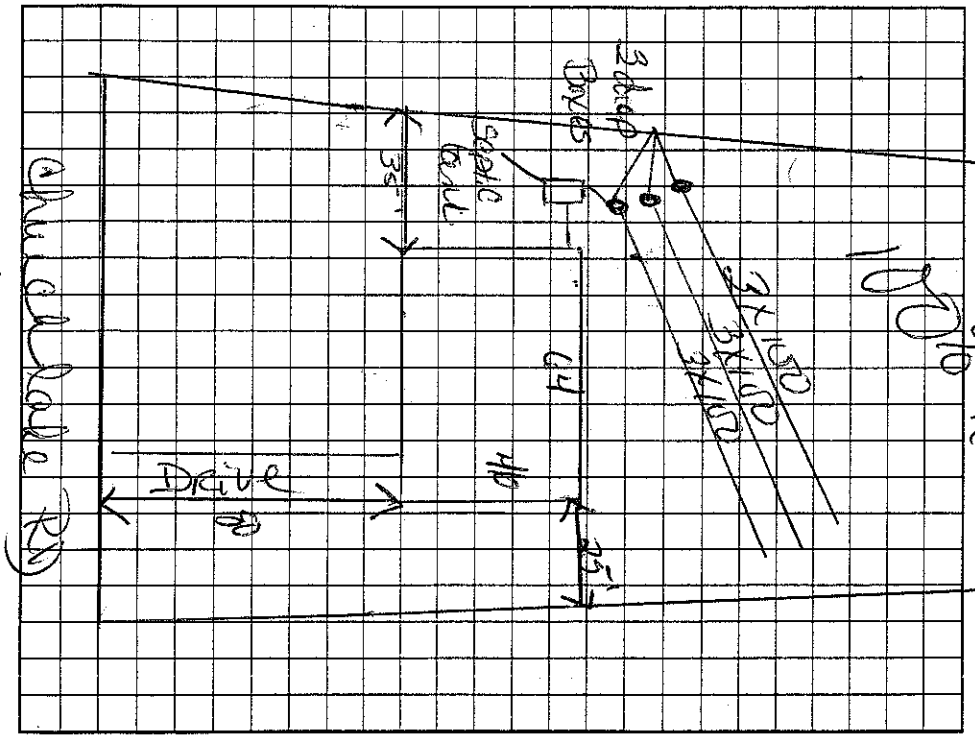
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

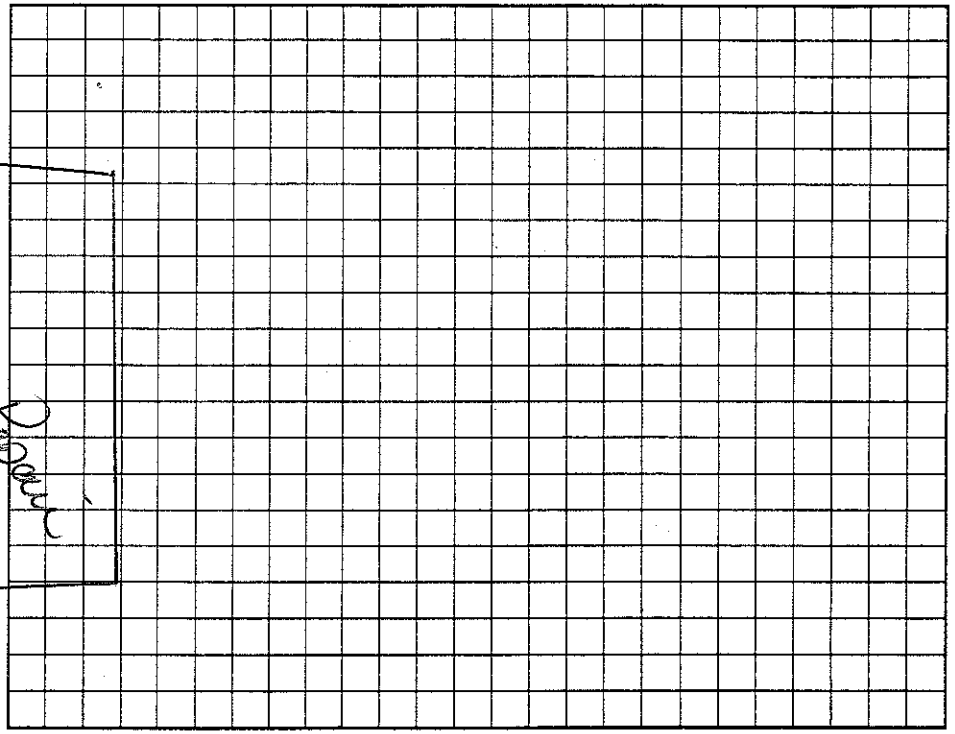
Comments:/Conditions:
Install on Contour
Maintain all setbacks

Comments:/Conditions:
Yellow Lot-Site
Septic tank make

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: Alan Lewis date ____ Installed by: DAVID YOUNTZ

Improvement Permit by: Kerri Cook date 2-23-06 Operation Permit by: Kerri Cook date 6-29-06

Authorization to Construct by: Kerri Cook date 2-23-06 Existing System Inspection by: ____ date ____

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