IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 86253 PIN# 4767666287 DATE 11-29-99

OWNER OR CONTRACTOR Alan E. Lewis PHONE: Business 878 2305 Home

ADDRESS 118 New Hope Rd Statesville N.C.

LOCATION 21 N TR Dunlap Gate at end TL Olmsocksville Rd TL Shinnies Lake TR Stonecrest TL millbrary

SUBDIVISION Stonecreek BLOCK / SECTION LOT 27 LOT AREA .183 acres SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 5-16-2000

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I II III IV V VI

System Description: Conv. Gravity

Repair System Description: pump TO conv.

Maintenance Agreement Required: ☐ Yes ☑ No

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

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms

☐ Business No. Employees

☐ Other

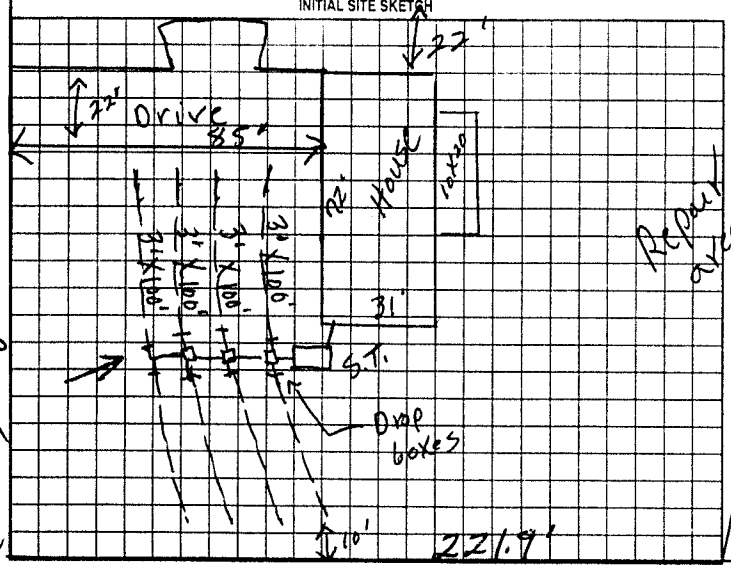
Water Supply: ☐ Individual ☐ Public ☐ Community

Comments/Conditions:

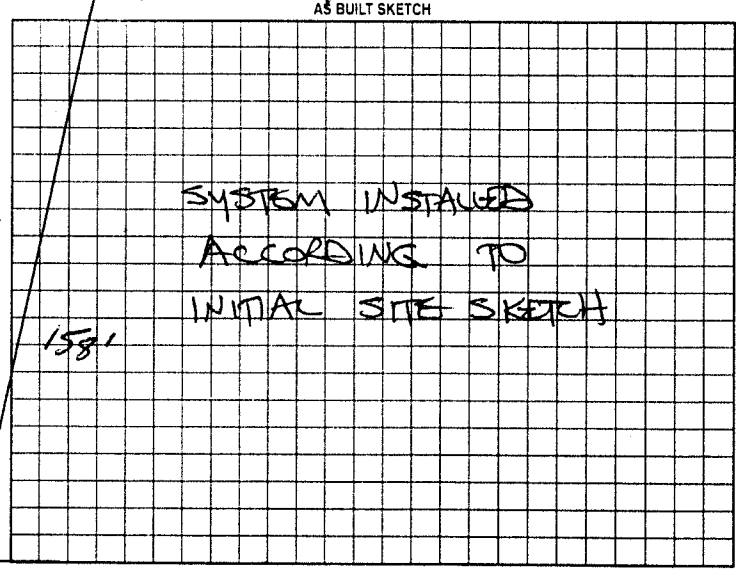
235'

Comments/Conditions ① SEPTIC TANK WITH RISERS INSTALLED USING "POLYLOK" FILTER ② KEEP WATER LINE MINIMUM TEN FEET FROM SYSTEM

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: R.C. Moore date 11-29-99 Operation Permit by: STEVE HENDRICK date 7-17-00

Authorization to Construct by: R.C. Moore date 11-29-99 Existing System Inspection by: date

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