CI / CI

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 105075 PIN# 4767-66-4712 DATE 03-25-02

OWNER OR CONTRACTOR ALAN LEWIS PHONE: Business 871-7896 Home 704-878-2305

ADDRESS 118 NEW HOPE RD STATESVILLE, NC 28625

LOCATION OLD MOCKSVILLE, (L) CHURCH LAKE, (R) STONE CREEK (C) MILL BRANCH, AT END IN CUL-DE-SAC

SUBDIVISION STONE CREEK BLOCK / SECTION ____ LOT 34 LOT AREA 0.850 AC SITE CLASS ____ DESIGN FLOW 360 L.T.A.R. ____

Septic Tank: 1000 Gallons: STB 1012 Date 6-25-02
Pump Tank: ____ Gallons: PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'
No Lines 4X100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

[X] New System [ ] Repair System Type: I, (II), III, IV, V, VI
System Description: CONV GRAV
Repair System Description: GRAV 25% RED
Maintenance Agreement Required: [ ] Yes [X] No

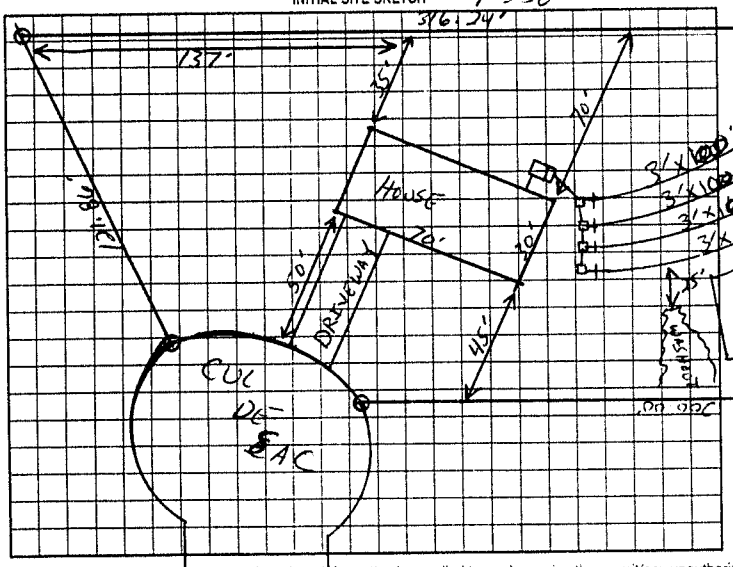
[X] House/Mod Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 2
[ ] Business No. Employees ____
[ ] Other ____
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [ ] Individual [X] Public [ ] Community

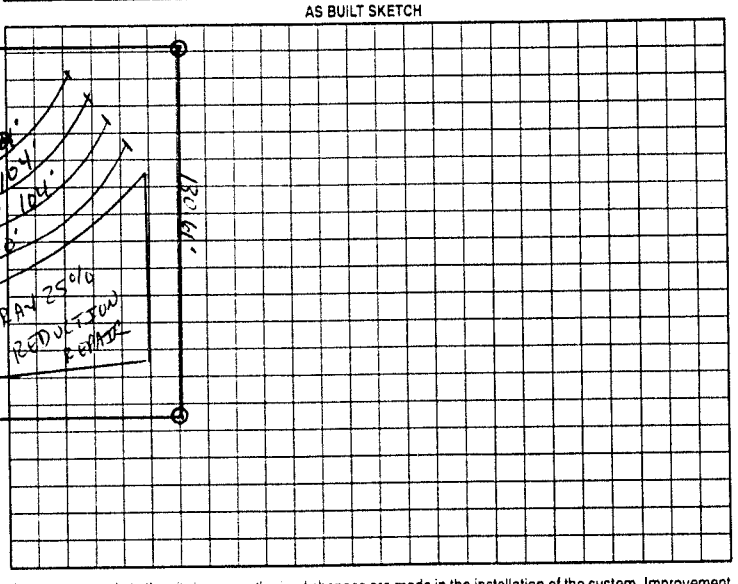
Comments/Conditions: (1) MAINTAIN SETBACKS (2) INSTALL LINES ON CONTOURS

Comments/Conditions RISERS & TUFF TITE FILTER; INSTALLED AS SHOWN

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: Alan Lewis date 03-25-02

Improvement Permit by: RS date 03-25-02

Authorization to Construct by: RS date 03-25-02

Installed by: DAVID YOUNTZ

Operation Permit by: RS date 09-04-02

Existing System Inspection by: ____ date ____

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