IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 126688 PIN# 4767-66-6235 DATE 4-8-05

OWNER OR CONTRACTOR ALAN E. LEWIS, ET. AL PHONE: Business 704-878-2305 Home 704-871-7896

ADDRESS 118 NEW HOPE RD, STATESVILLE NC 28625

LOCATION OLD MOCKSVILLE ROAD, TL CHURCH LAKE ROAD, TR STONE CREEK DRIVE, 4TH LOT ON LEFT

SUBDIVISION STONE CREEK BLOCK / SECTION ____ LOT 18 LOT AREA 0.987 ACRE SITE CLASS. PS DESIGN FLOW 360' L.T.A.R. 0.40 GPD/FT²

Septic Tank: 1000 Gallons; STB TP 1012 Date 5-25-05
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: CONVENTIONAL, GRAVITY
Repair System Description: CONVENTIONAL, GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No

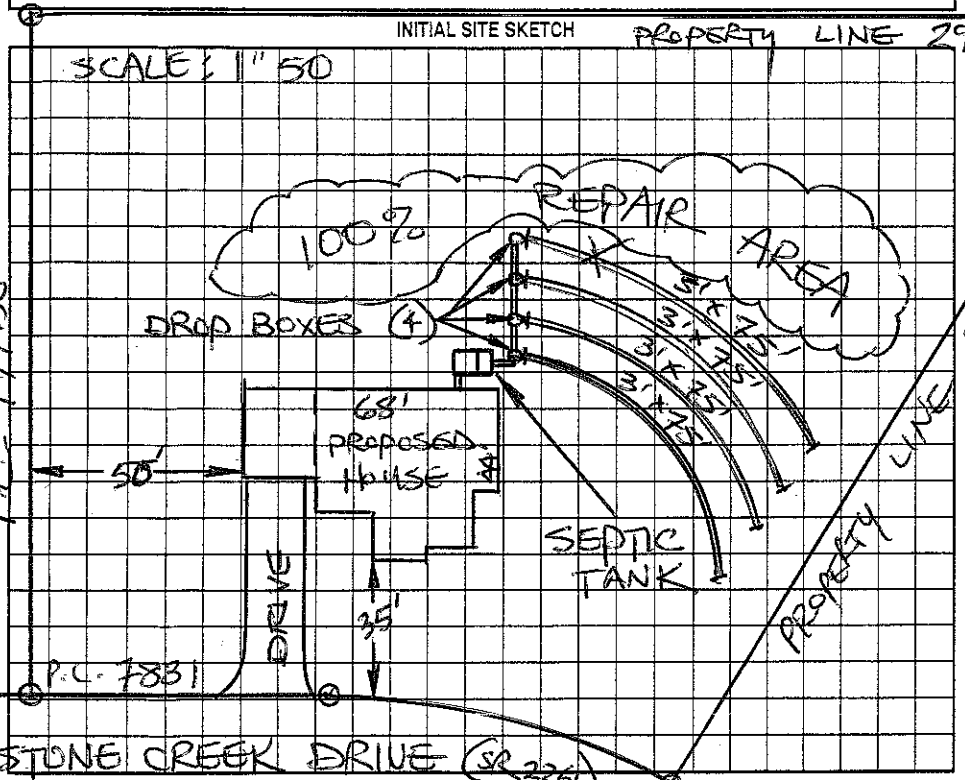
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☑ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

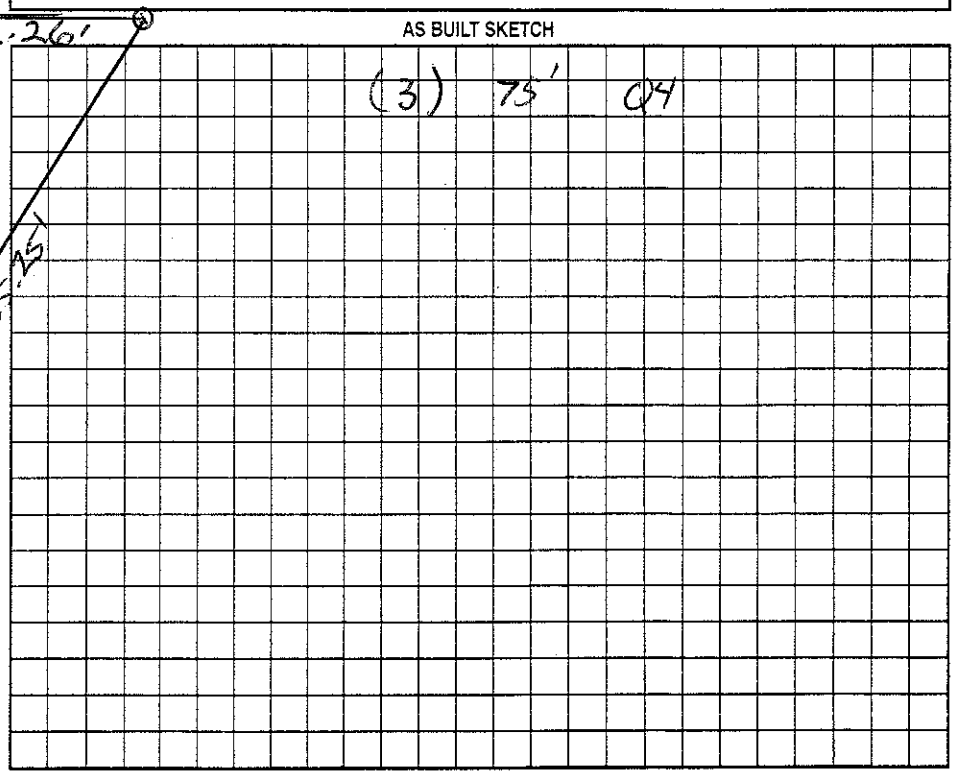
Comments:/Conditions:

Comments:/Conditions:
Yellow Flags ST marker

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 4-8-05 Installed by: David Young

Improvement Permit by: STEVE HEDRICK date 4-8-05 Operation Permit by: James Stevens date 11-18-05

Authorization to Construct by: STEVE HEDRICK date 4-8-05 Existing System Inspection by: ____ date ____

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