IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 094096 PIN# 4767 76 2948 DATE 2/6/01

OWNER OR CONTRACTOR Allan Lewis PHONE: Business — Home (704) 878-2305

ADDRESS 118 New Hope Rd Statesville, NC 28625

LOCATION Old Mocksville Rd, (L) Crouch Lake Rd, (R) Stone Creek, at Cul-de-sac

SUBDIVISION Stone Creek BLOCK / SECTION — LOT 13 LOT AREA 1.17 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .35

Septic Tank: 1,000 Gallons: STB 1012 Date 1-26-2001
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No _____
Nitrification Field: No Fields 1 Square Feet 1028 Linear Feet 343
No Lines 4@ 86' Trench Width 36" Max Trench Bottom Depth 30"

[X] New System [ ] Repair System Type: I (II) III, IV, V, VI
System Description: Conv. Gravity
Repair System Description: 25% Reduction, Gravity
Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 2
[ ] Business No. Employees ____
[ ] Other _____

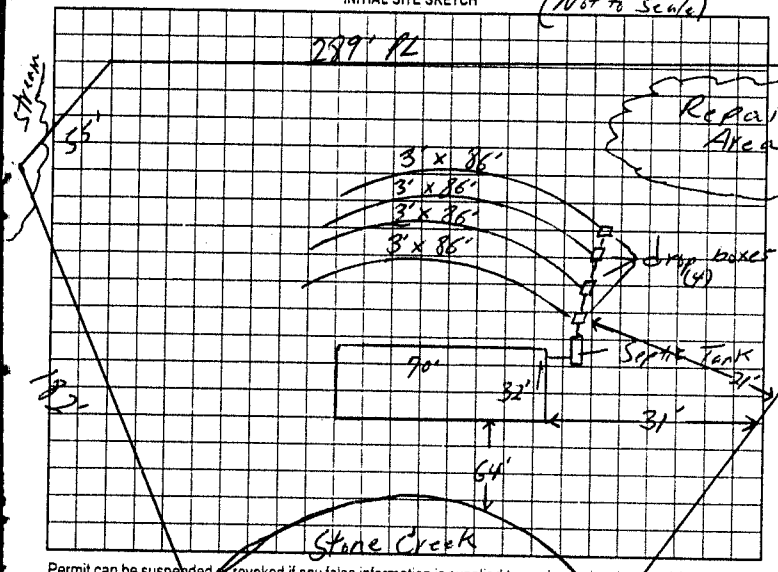
Gravel Depth 12" [ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

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

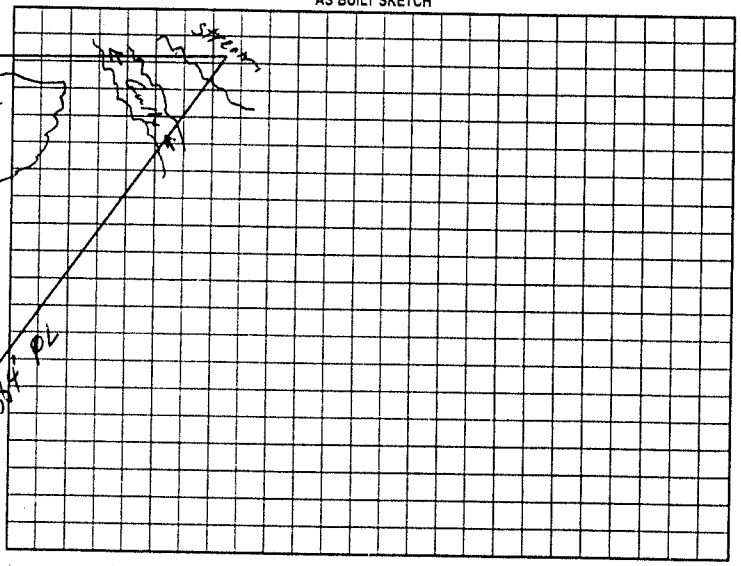
Comments/Conditions: (1) Do Not install when wet (2) Install in Contour (3) Keep 10ft From property lines (4) Install Maximum 30" deep

Comments/Conditions: POLYLOK FILTER RISERS INSTALLED AS SHOWN

INITIAL SITE SKETCH (Not to Scale)



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: Allan Lewis date 2/12-01 Installed by: DAVID YOUNTZ

Improvement Permit by: William O. Johnson RSI date 2/6/01 Operation Permit by: _____ RS date 8-9-01

Authorization to Construct by: William O. Johnson RSI date 2/6/01 Existing System Inspection by: _____ date _____

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