IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (1) MOORESVILLE 704-664-5281

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

3-35

PERMIT# 105013 ZO PIN# 4654591267 4654591120 DATE 4-22-2002

OWNER OR CONTRACTOR Dale Stone PHONE: Business 591-0335 Home (704) 393-7813

ADDRESS 155 Stone haven Dr. Mooresville, NC 28117

LOCATION Hwy 115 South TL Presbyterian Rd. TL Stone Haven on left.

SUBDIVISION ____ BLOCK / SECTION ____ LOT ____ LOT AREA Acreage SITE CLASS. RS DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 5/26/02
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1596' Linear Feet 532'
No Lines 3@133' 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 Gravity - Conventional
Repair System Description Gravity - Panel Blk.
Maintenance Agreement Required: ☐ Yes X No

☐ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Bathrooms ____ No. Employees ____

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

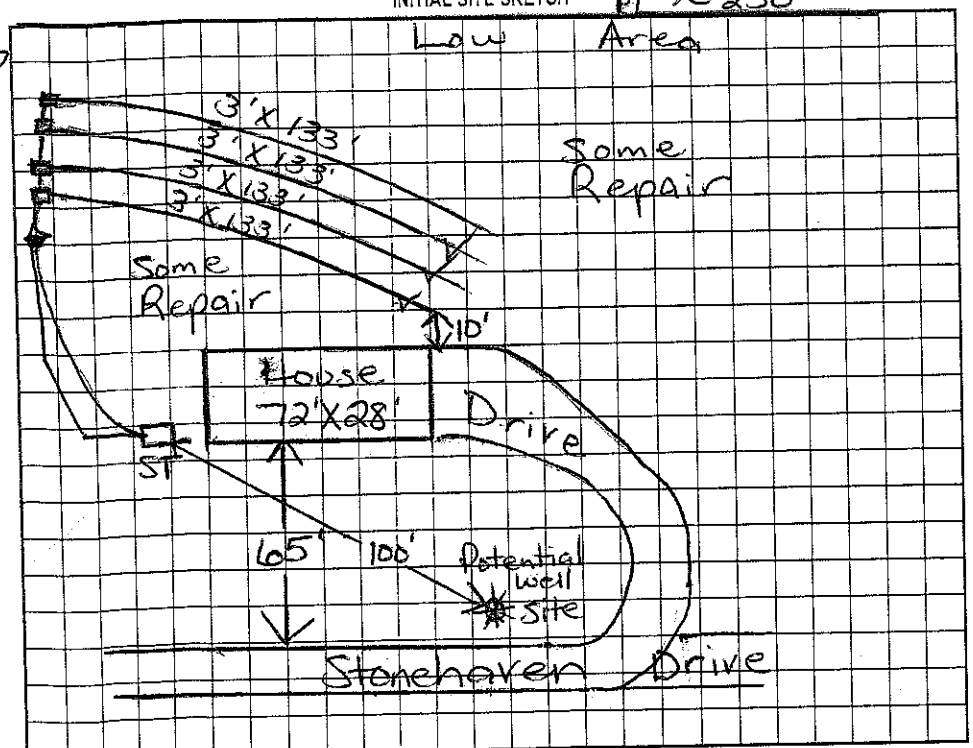
Water Supply: X Individual ☐ Public ☐ Community

Comments:/Conditions: Must keep Septic System out of "Gas line right of way" and at least 10' from PL. Keep Septic System 100' from well

Comments:/Conditions: 8/15/02 No well on site

Gasline Pipeline Right of way

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: Holly A Stone date 4/22/02 Installed by: Larry Tucker

Improvement Permit by: Maria H Dotson RS date 4/22/2002 Operation Permit by: Wesley Sparks RS. date 8/15/02

Authorization to Construct by: Maria H Dotson RS. date 4/22/2002 Existing System Inspection by: ____ date ____

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