IREDELL COUNTY HEALTH DEPARTMENT

CI 175.00 Paid also pd. #25

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

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

PERMIT# 104078 PIN# 4705755901 DATE 1/16/02

OWNER OR CONTRACTOR JOHNNY CRAVER PHONE: Business 663-2230 Home

ADDRESS 130 LAZY LANE MOORESVILLE

LOCATION 64N- TL LIPPARO FARM- TL STONESEDGE- TL GEMSTONE- ON LT

SUBDIVISION STONES EDGE BLOCK / SECTION LOT 2 LOT AREA .5 AC SITE CLASS. RS DESIGN FLOW 360GPD L.T.A.R. .35-10/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 8-4-02

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 780 Linear Feet 260

No Lines 4@65' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: GRAVITY 25% REDUCTION

Repair System Description: LP PANEL

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 3

☐ Business No. Employees

☐ Other

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

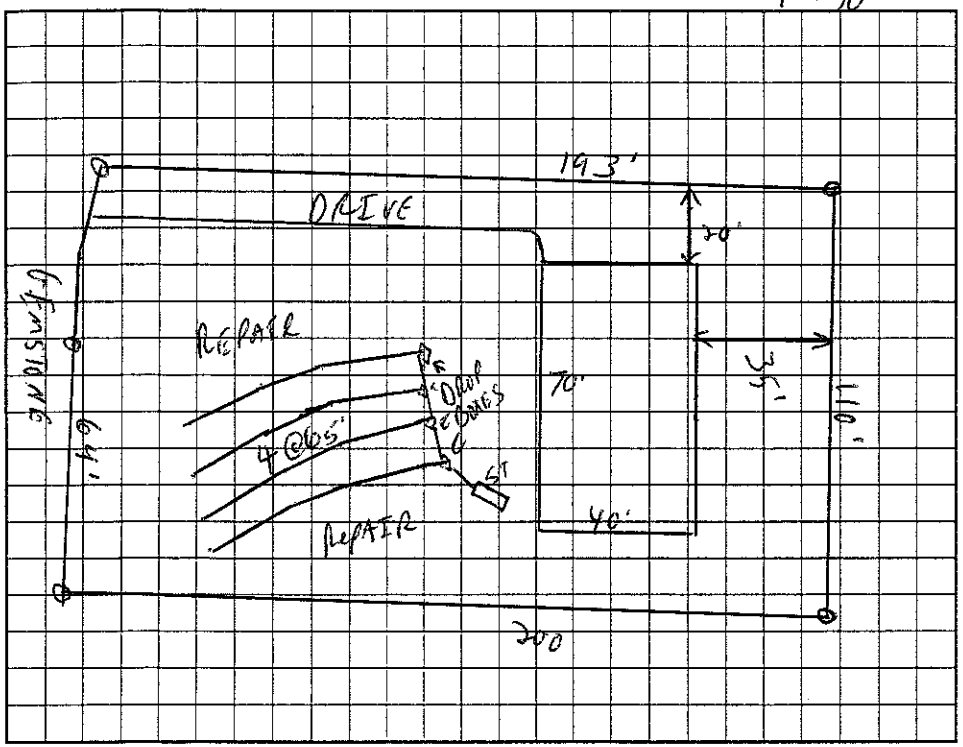
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions:

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- 44 Infiltrator Chambers Installed
- Tuff-Tite filter & S.T. Marker Installed

INITIAL SITE SKETCH 1"=50'



AS BUILT SKETCH

Installed as Shown per Initial Site 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: Steve Lipe date 1-18-02 Installed by: A-1 Backhoe

Improvement Permit by: C. Lee RS date 1/16/02 Operation Permit by: William A. Johnson date 4/16/03

Authorization to Construct by: William A. Johnson date 4/1/03 Existing System Inspection by: date

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