IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 103344 PIN# 4905-75-7640 DATE 11/30/01

OWNER OR CONTRACTOR Sun Wood Builders PHONE: Business (704) 872-0922 Home —

ADDRESS 132 Medway Lane Statesville N.C. 28677

LOCATION Hwy 64 W, @ Lippard Farm, @ Stones Edge Rd, @ Zircon Drive 2nd lot on right

SUBDIVISION Stones Edge BLOCK / SECTION — LOT 108 LOT AREA .66 Acres SITE CLASS I/S DESIGN FLOW 360 L.T.A.R. - 25

Septic Tank: 4,000 Gallons: STB 1012 Date 7-5-01
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480
No Lines 5 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

☒ New System ☐ Repair System Type: I ⓘ III, IV, V, VI
System Description: Gravity, Conventional
Repair System Description: ~~Pump~~ Gravity, 25% Red
Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 3
☒ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____

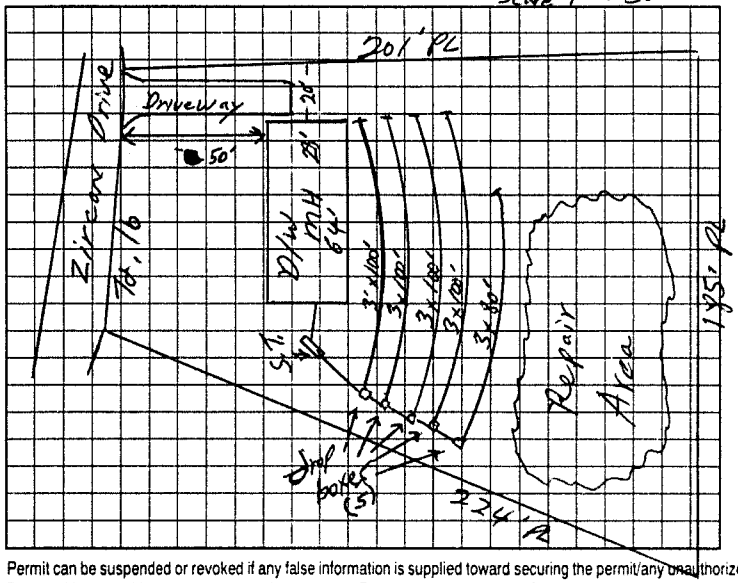
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

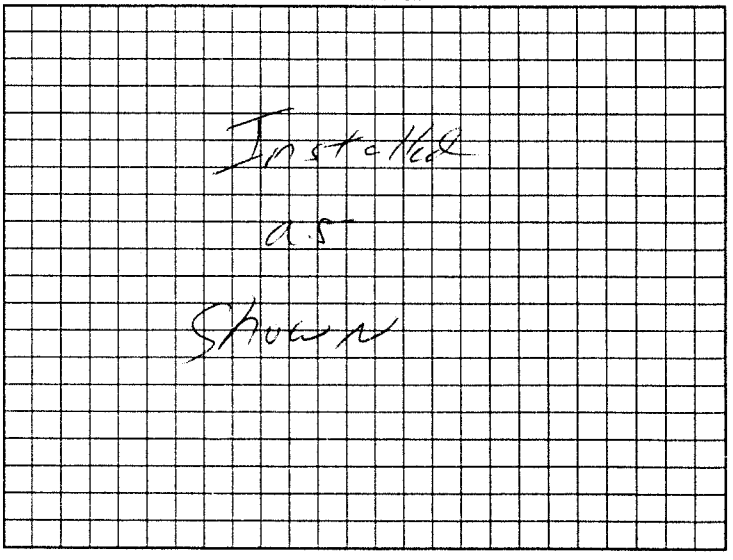
Comments:/Conditions:

Comments:/Conditions:
- Installed @ Poly Lok Filter
- Installed Septic Tank Riser

INITIAL SITE SKETCH Scale 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: Ben Stikeleather date 11-30-01 Installed by: Tommy Cathron

Improvement Permit by: William O. Johnson date 11/30/01 Operation Permit by: William O. Johnson date 12/4/01

Authorization to Construct by: William O. Johnson date 11/30/01 Existing System Inspection by: ____ date ____

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