IREDELL COUNTY HEALTH DEPARTMENT

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

CI

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

PERMIT# 102619 PIN# ~~4705 85 8934 .27~~ 4705-75-9805 DATE 10/24/01

OWNER OR CONTRACTOR JOHN CRAVER PHONE: Business 663-2220 Home IS U OBORN 704-538-7122

ADDRESS 130 LAZY LANE MOORESVILLE NC 28117

LOCATION 64W-TL LIPPARD FARM - TL STONES EDGE - TL GEMSTONE - TR ZIRCON - 1ST LOT ON LT

SUBDIVISION STONES EDGE BLOCK / SECTION ____ LOT 27 LOT AREA .619 SITE CLASS. PS DESIGN FLOW 360GPD L.T.A.R. .36GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 9-25-04

Pump Tank: 1000 Gallons; PT 17 Date 10-1-04

Pump Make: GOULDS Model VPE0311M Serial No. S0540824

Nitrification Field: No Fields 1 Square Feet 400 Linear Feet 200

No Lines 4@50' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: PUMP PANEL

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 3

☐ Business No. Employees ____

☐ Other ____

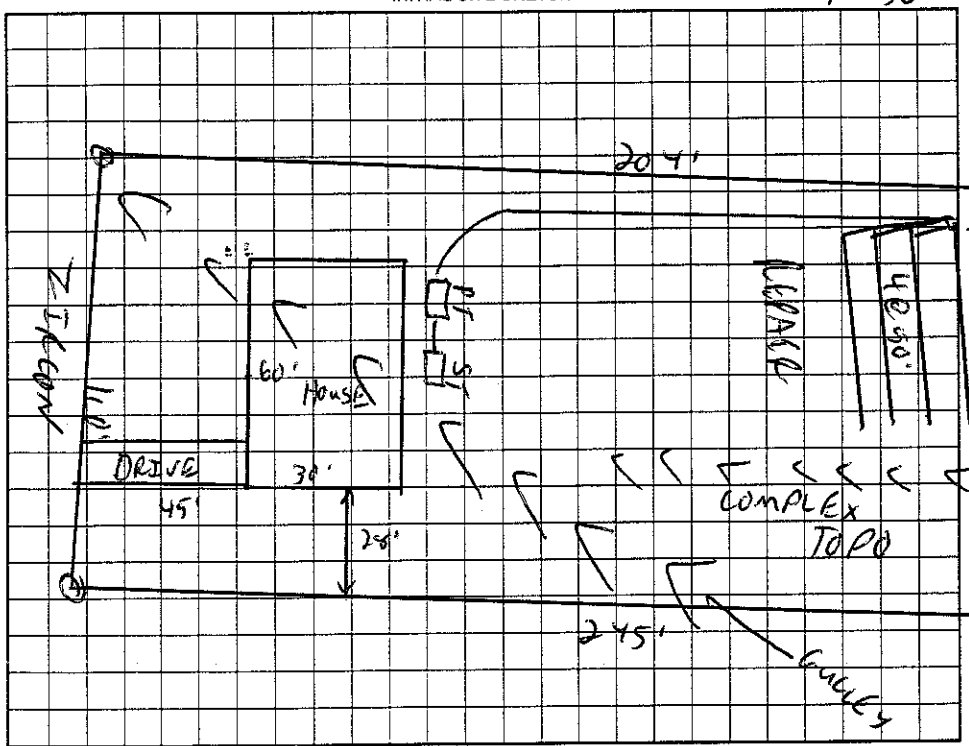
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions: ① Approved 76'x27' PLAN. KEEP HOUSE IN SAME LOCATION. SIDE SETBACKS WILL BE 17' OF P/L OFF EACH SIDE TO CENTER HOME ON LOT. FRONT & BACK SETBACK WILL REMAIN THE SAME, LL 4-4-05

INITIAL SITE SKETCH 1"=50'



AS BUILT SKETCH

TOP PITTE FILTER MARKED

W/D 1ST LINE ON 4-18-05

J/P CAST 3 LINES ELEVATION & PRESSURE OK LL 4-19-05

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: ____ date ____

Improvement Permit by: C. [illegible] RS date 10/24/01

Authorization to Construct by: [illegible] RS date 4-4-05

Installed by: CRAIG THOMPSON

Operation Permit by: [illegible] RS date 4-19-05

Existing System Inspection by: ____ date ____

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