IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 W of I MOORESVILLE 704-664-5281

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

PERMIT# 1026H / 15402 PIN# ~~4705-85-8934.7~~ PT well 4705-76-6379 DATE 9/2/03

OWNER OR CONTRACTOR Piedmont - Charlotte Developers PHONE: Business (704) 902-1836 Other Home (828) 464-1169

ADDRESS 134 EOA Lane Statesville NC 28677

LOCATION 64 West @ Lippard Farm (L) Stones Edge @ Cornstone 7th lot on left.

SUBDIVISION Stones Edge BLOCK / SECTION ____ LOT 7 LOT AREA .98 SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3 gpd/ft2

Septic Tank: 1,000 Gallons; STB 1012 Date 2-20-03
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model Equal to Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1,600 Linear Feet 400
No Lines 5 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 w/ 25% Reduction
Repair System Description: LP Panel
Maintenance Agreement Required: ☐ Yes ☒ No

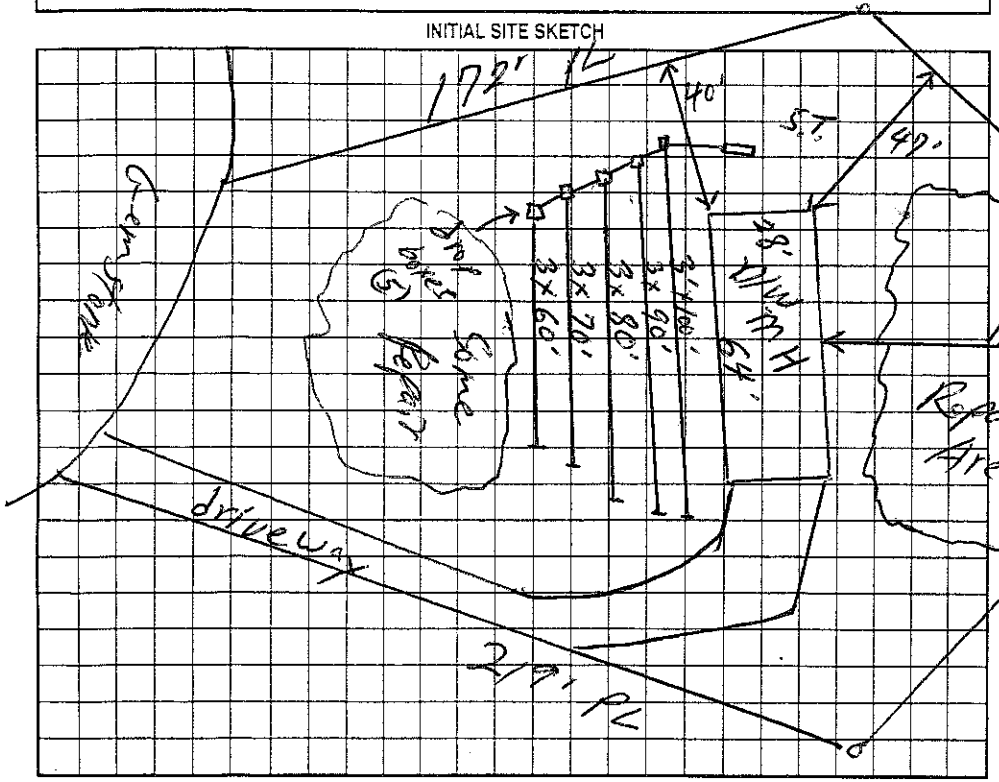
☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

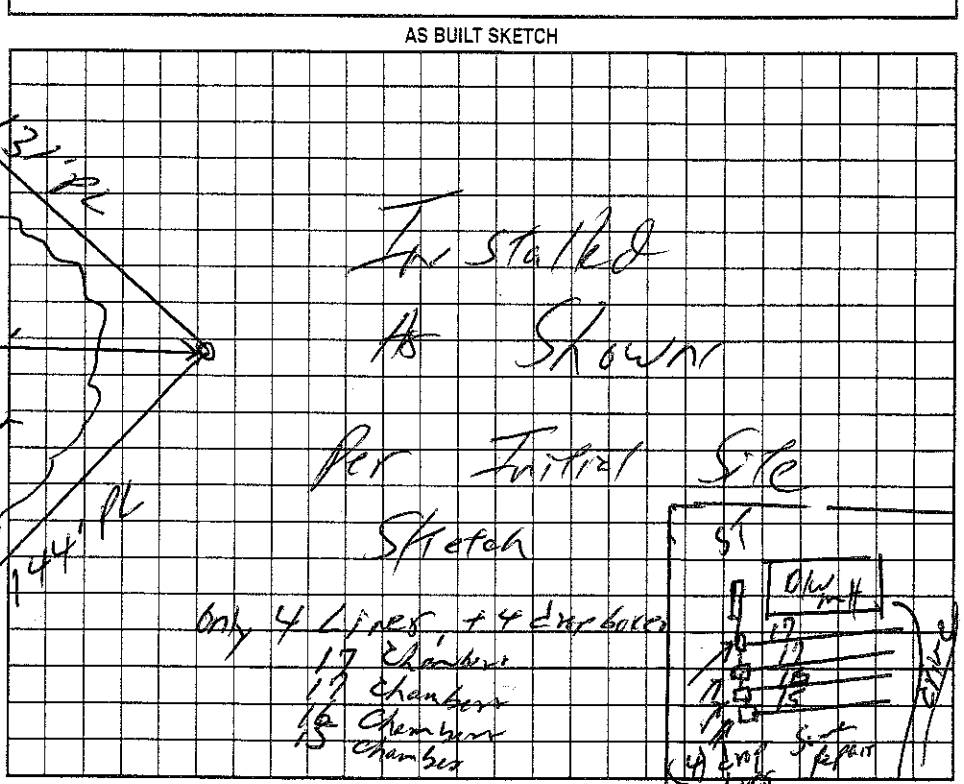
Comments:/Conditions:

Comments:/Conditions:
- Tuff Tite Filter EST marker Installed
- Infiltrator Chambers (65) Installed

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: Donald A Smith date 2 Sept 03 Installed by: AT Backhoe

Improvement Permit by: William O. Johnson date 9/2/03 Operation Permit by: William O Johnson date 9/5/03

Authorization to Construct by: William O. Johnson date 9/2/03 Existing System Inspection by: ____ date ____

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