IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 125.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 102618 PIN# 4705-85-8934 DATE 1/15/02

OWNER OR CONTRACTOR JOHN CRAVER PHONE: Business 663-2220 Home

ADDRESS 130 LAZY LN MOORESVILLE NC 28117

LOCATION 64N - TL LEPPARD FARM - TL STONES EDGE - TL LEMSONG - ON RT IN CURVE

SUBDIVISION STONES EDGE BLOCK / SECTION LOT 24 LOT AREA .715AC SITE CLASS 1S DESIGN FLOW 360GPD L.T.A.R. .30 GPD/FT²

Septic Tank: 1000 Gallons: STB 1012 Date 10-2-01
Pump Tank: Gallons: PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 6@50' 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
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

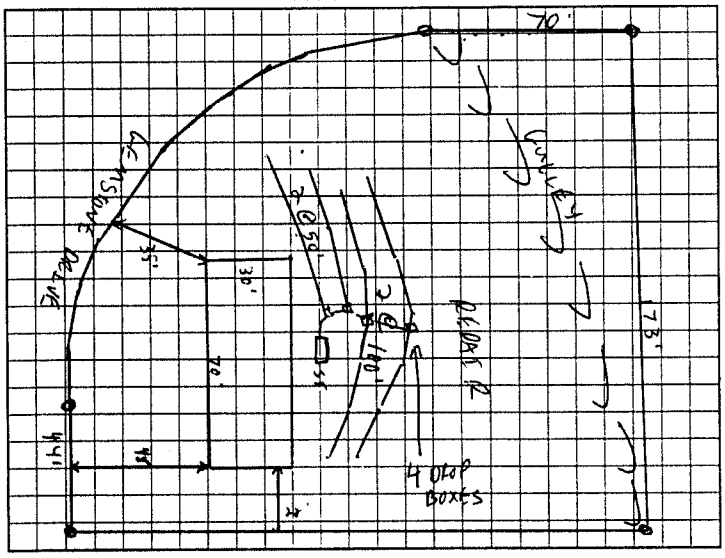
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees
☐ Other

Water Supply: ☐ Individual ☑ Public ☐ Community

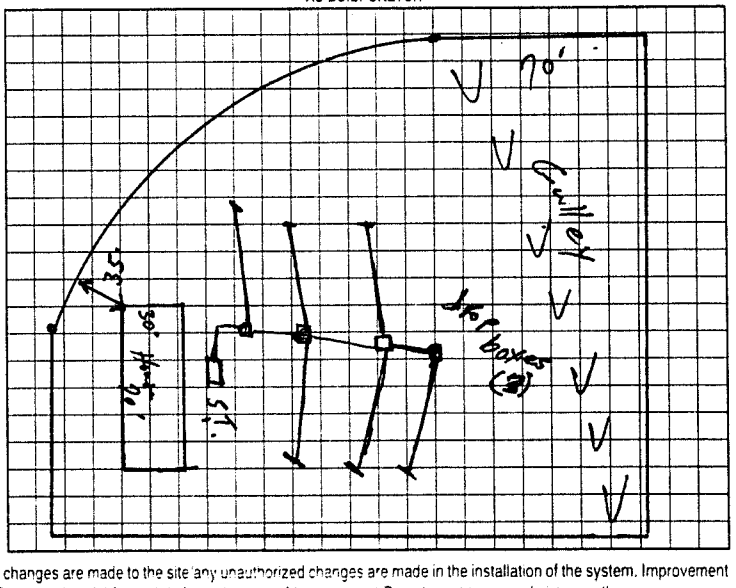
Comments/Conditions:

Comments/Conditions: - Septic Tank marker Installed
- Fully Lok Filter Installed
- Infiltrator Chambers Installed.
6-50ft lines

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: [signature] date 1-18-02 Installed by: A1 Backhoe

Improvement Permit by: [signature] date 1/15/02 Operation Permit by: William O. Johnson date 2/26/02

Authorization to Construct by: William O. Johnson date 2/26/02 Existing System Inspection by: date

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