IREDELL COUNTY HEALTH DEPARTMENT

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

BP 23 130.00 Paid

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

PERMIT# ~~1099851~~ 11940 PIN# 4705850814 DATE 3/19/04

OWNER OR CONTRACTOR STONES EDGE INC PHONE: Business 663-2220 Home

ADDRESS 130 LAZY LN MOORESVILLE NC 28117

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

SUBDIVISION STONESEDGE BLOCK / SECTION LOT 28 LOT AREA .619 AC SITE CLASS. PS DESIGN FLOW 360GPD L.T.A.R. .25GPD/KFA

Septic Tank: 1000 Gallons; STB 1012 Date 9-24-03
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360
No Lines 5 @ 72' Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: GRAVITY 25% REDUCTION
Repair System Description: PUMP SAME
Maintenance Agreement Required: ☐ Yes ☑ No

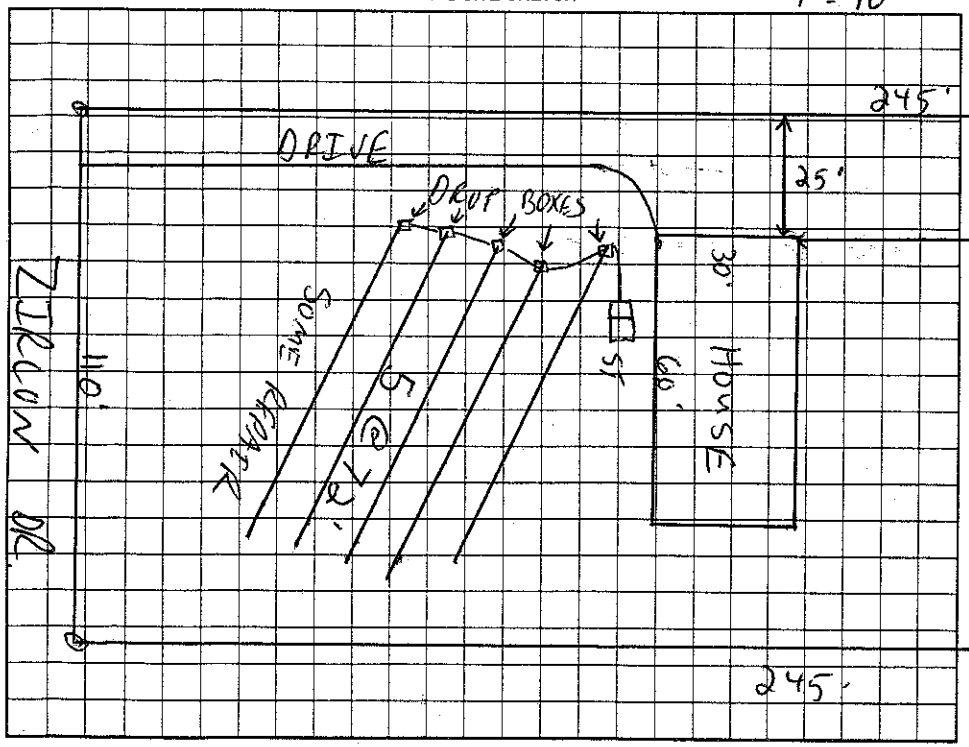
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

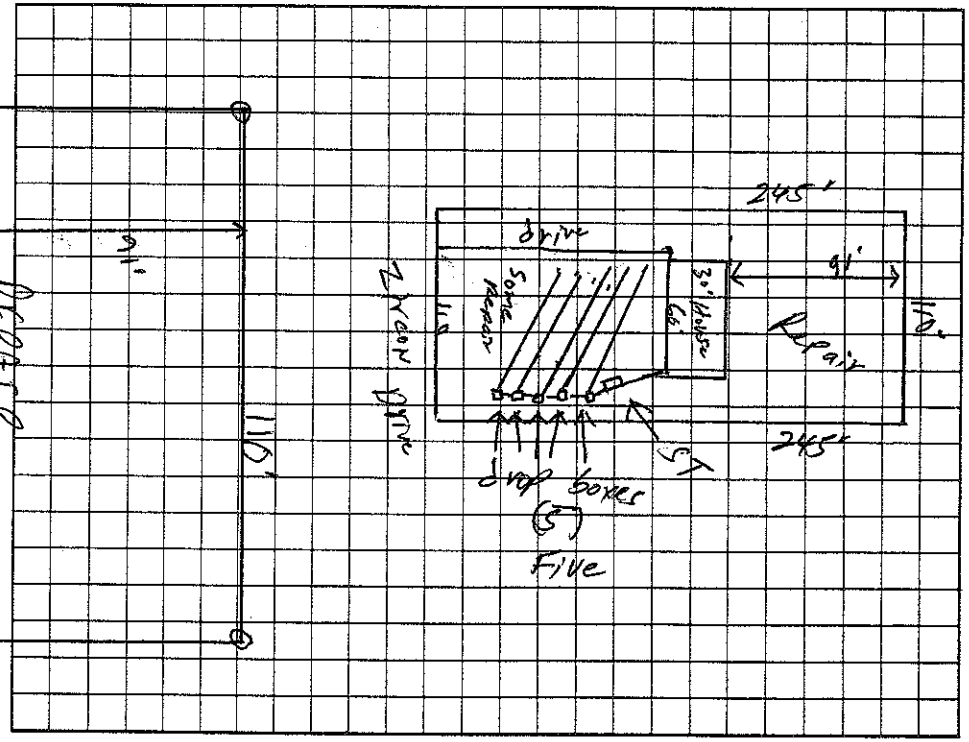
Comments:/Conditions:

Comments:/Conditions:
- Tuff-Tite Filter + ST Marker Installed
- House not on lot at time of Septic Installation + Inspection

INITIAL SITE SKETCH 1"=40'



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: Sarah Lundy date 3/23/04

Improvement Permit by: CMS date 3/19/04

Authorization to Construct by: CMS date 3/19/04

Installed by: A-1 Backhoe

Operation Permit by: William O. Johnson date 3/25/04

Existing System Inspection by: date

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