IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 130.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 105243 PIN# 4705 85 8996 DATE 7/14/03

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

ADDRESS 130 LAZY LANE MOORESVILLE NC 28117

LOCATION 64 W- TL LEPPARD SPRINGS- TL STONES EDGE- TR ZERCON-TL PERCENT - ON LT

SUBDIVISION STONES EDGE BLOCK / SECTION LOT 36 LOT AREA .828 AC SITE CLASS. PS DESIGN FLOW 480GPD L.T.A.R. ~~.600~~ .250GPD/AFT2

Septic Tank: 1000 Gallons; STB 1012 Date 4-14-03
Pump Tank: 1000 Gallons; PT 17 Date 6-30-03
Pump Make: GOULDS Model WECS11H Serial No. G0361375
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480
No Lines 6 @ 80' Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth N/A

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

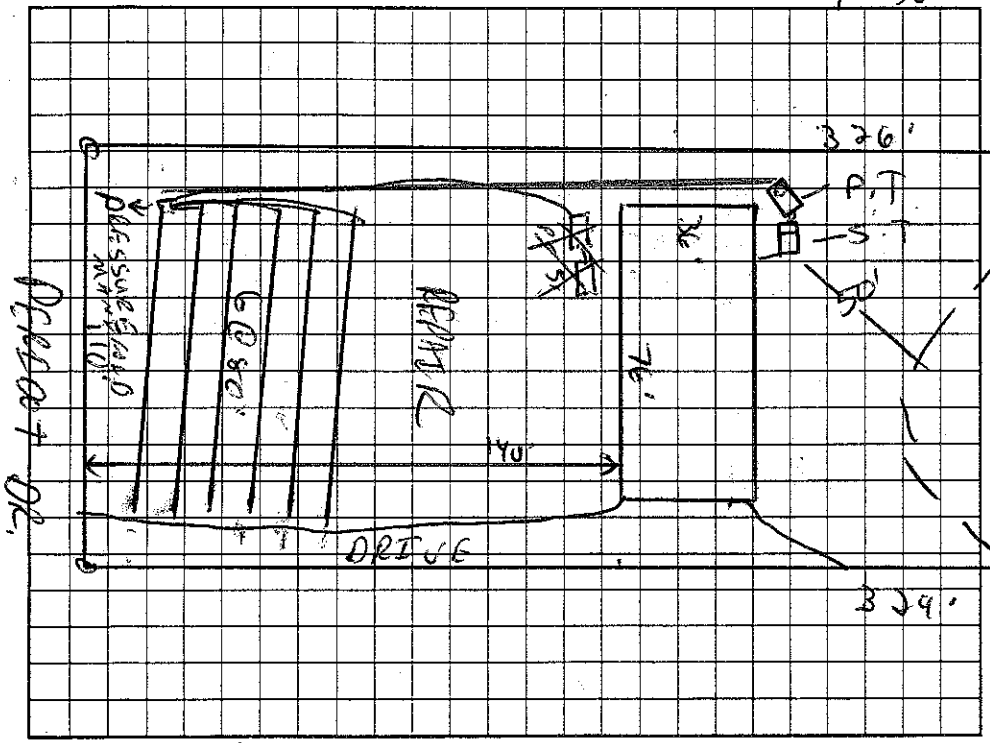
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees
☐ Other
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

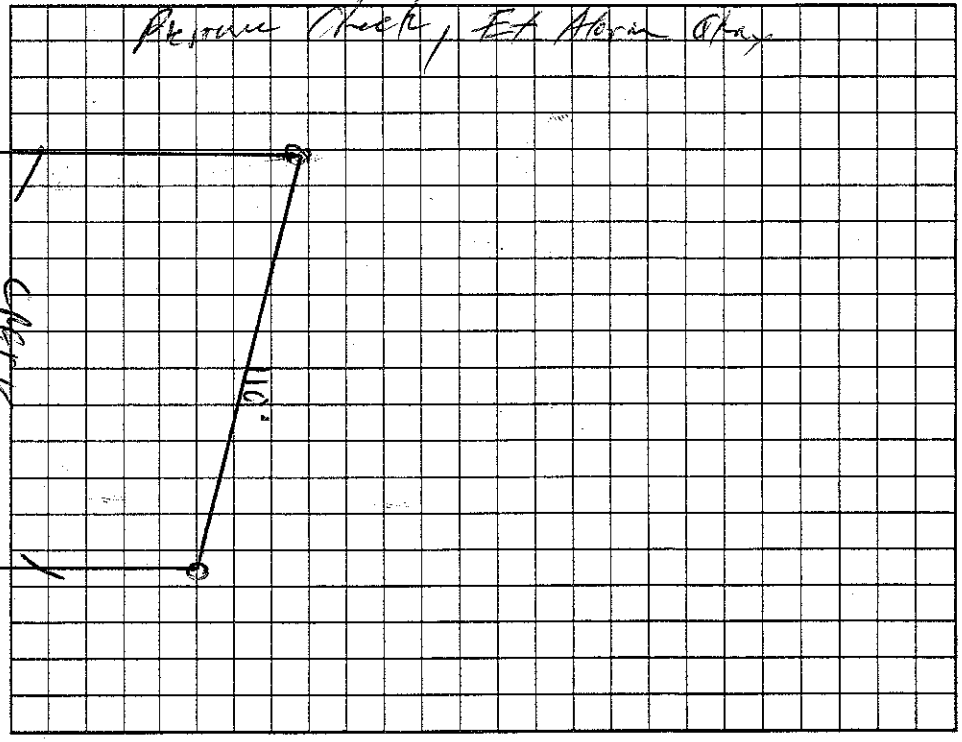
Comments:/Conditions: KEEP WATER LINE MINIMUM 10 FEET FROM SYSTEM

Comments:/Conditions: ① SEPTIC TANK WITH MARKER INSTALLED USING "TUFTITE" FILLER ② TANKS & LINES INSPECTED 10-30-03, RSH

INITIAL SITE SKETCH 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: _____ date _____ Installed by: A-1 Backhoe

Improvement Permit by: C. S. VRS date 7/14/03 Operation Permit by: William A. Johnson date 12/2/03

Authorization to Construct by: C. S. VRS date 7/14/03 Existing System Inspection by: _____ date _____

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