IREDELL COUNTY HEALTH DEPARTMENT

CI D

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

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

PERMIT# 10843 PIN# 4705860029 DATE 1/23/04

OWNER OR CONTRACTOR STONES EDGE INC. / SCHULTZ HOMES INC PHONE: Business 663-2220 Home

ADDRESS 130 LAZY LANE MOORESVILLE NC 28117

LOCATION 64 WEST - TL LIPPARD FARM - TL STONES EDGE - TL GEMSTONE IN CURVE ON RT

SUBDIVISION STONES EDGE BLOCK / SECTION LOT 22 LOT AREA 1.641AC SITE CLASS. PS DESIGN FLOW 360GPD L.T.A.R. 1.36PO/ES2

Septic Tank: 1000 Gallons; STB 1012 Date 8-18-03

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5@80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: GRAVITY CONVENTIONAL

Repair System Description: GRAVITY 25% REDUCTION

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 3 No. Employees

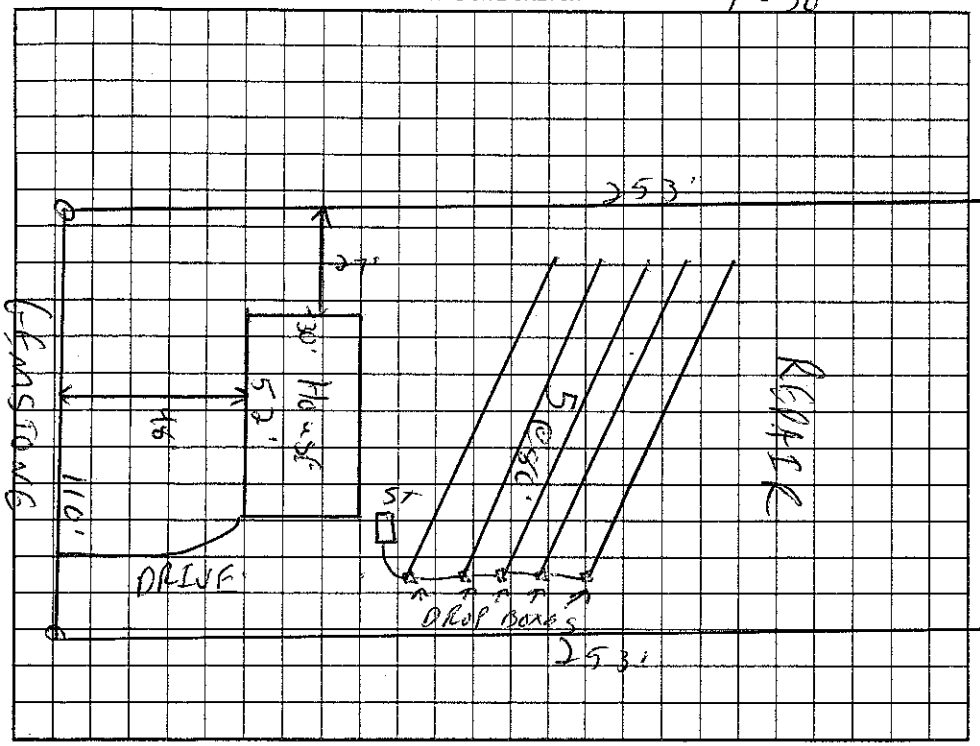
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

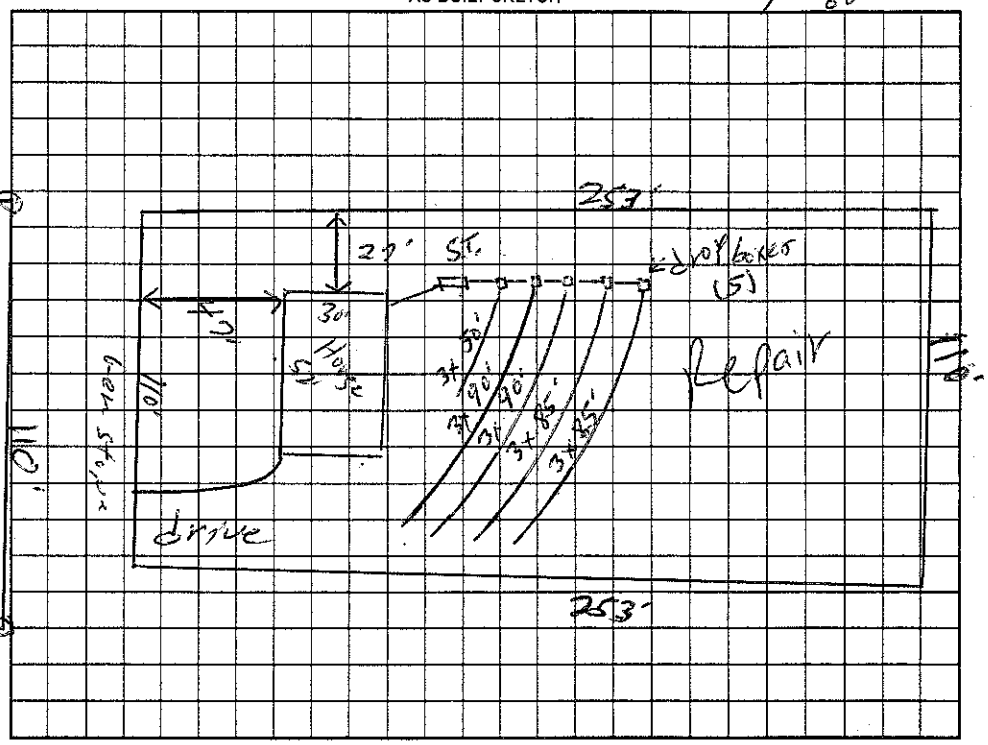
Comments:/Conditions:

Comments:/Conditions: - HD Approval for Move S.T.
- Tuff Tite filter Installed
- S.T. Marker Installed

INITIAL SITE SKETCH 1"=50'



AS BUILT SKETCH 1"=60'



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 1/23/04

Improvement Permit by: C. Kay RS date 1/23/04

Authorization to Construct by: C. Kay RS date 1/23/04

Installed by: A-1 Backhoe

Operation Permit by: William O. Johnson date 7/20/04

Existing System Inspection by: date

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