IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 125605 ~~105~~   PIN# 4705-95-2900   DATE 11/24/04

OWNER OR CONTRACTOR Stones Edge Inc   PHONE: Business 663-7220   Home

ADDRESS 130 Lazy Lane Mooresville NC 28117

LOCATION 64 W - TL Leppard Farm - TL Stones Edge - TL Vanstone - TR Zircon - TL Peridot - on RT

SUBDIVISION Stones Edge   BLOCK / SECTION ____   LOT 49   LOT AREA ____   SITE CLASS. PS   DESIGN FLOW 480 GPD   L.T.A.R. .36 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 7-27-04
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 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 25% Reduction
Repair System Description: LP Panel
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees ____
☐ Other ____

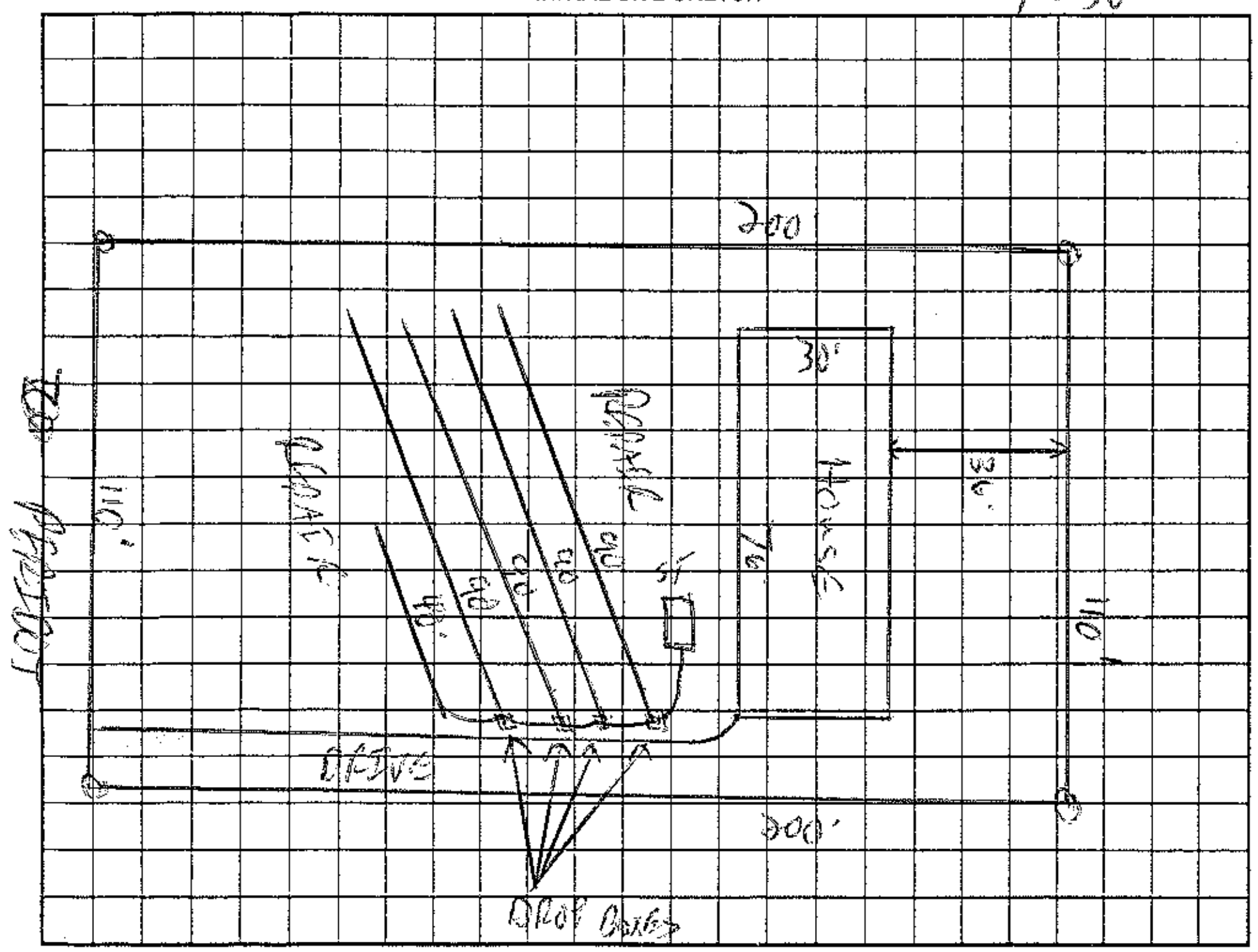
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☒ Public
☐ Community

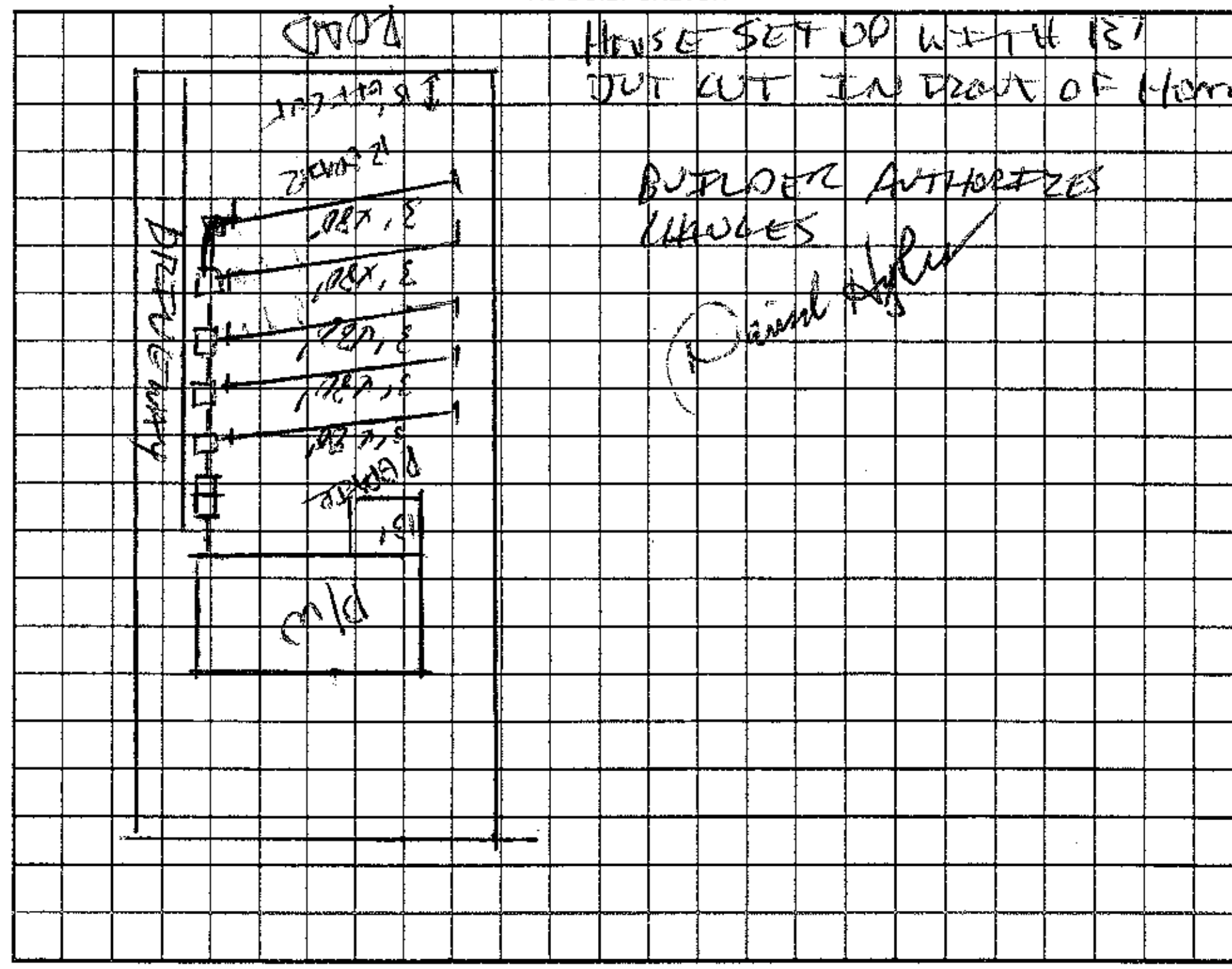
Comments:/Conditions:

Comments:/Conditions: Tuff Tite Filter Drainer

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: Lena Johnston date 11/24/04   Installed by: A-L Backhoe

Improvement Permit by: [signature] RS date 11/24/04   Operation Permit by: [signature] RS date 2-18-05

Authorization to Construct by: [signature] RS date 11/24/04   Existing System Inspection by: ____ date ____

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