IREDELL COUNTY HEALTH DEPARTMENT

This permit voids previously dated permit 10/17/01.

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

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

PERMIT# 102635 PIN# ~~4705-85-8934.96~~ 4705-95-3405 DATE 4/4/03

OWNER OR CONTRACTOR Johnny Craver PHONE: Business (704) 663-2220 Home —

ADDRESS 130 Lazy Lane Mooresville NC 28117

LOCATION 64 West - ① Liggard Farm Rd, ② Stonesedge, ① Gemstone, ⑬ Circle @ end on right

SUBDIVISION Stonesedge BLOCK / SECTION — LOT 96 LOT AREA .483 Ac. SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .30 gpd/ft²

Septic Tank: 1,006 Gallons; STB 1012 Date 2-19-04

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1,200 Linear Feet 300

No Lines 4 @ 75' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Gravity, 25% Reduction

Repair System Description: Gravity, 50% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

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

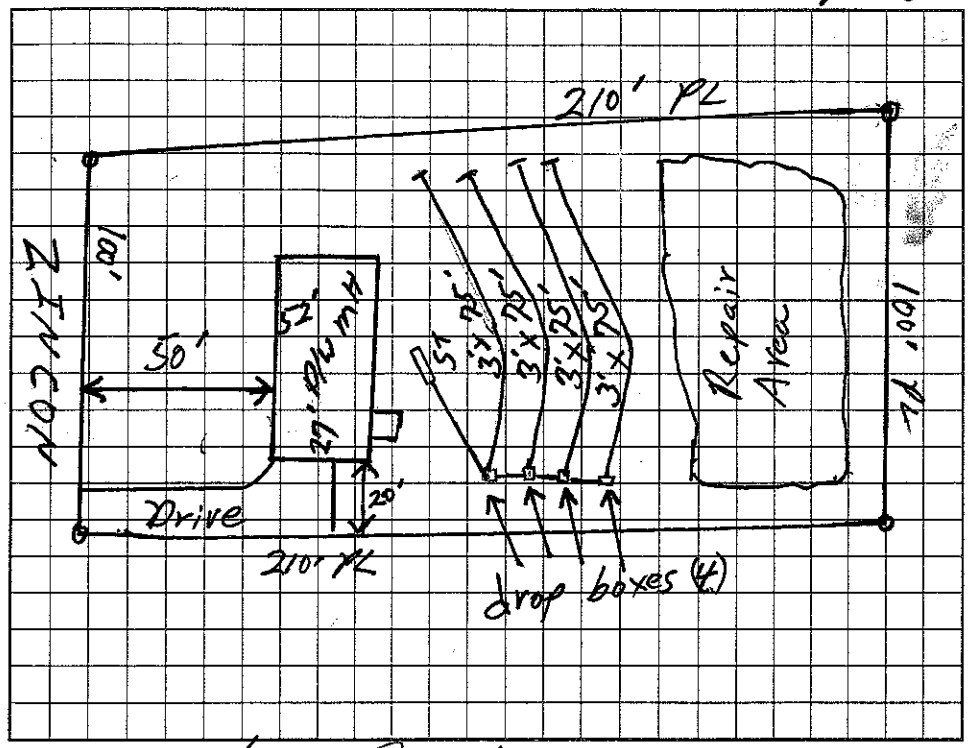
Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions: ① Install lines on Contour

Comments:/Conditions:

- Tuff-Tite Filter FST Marker Installed
- 48 Infiltrator Chambers Installed

INITIAL SITE SKETCH 1"=50'



AS BUILT SKETCH

Installed As Shown per Initial Site 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 ____

Improvement Permit by: William O. Johnson date 4/4/03

Authorization to Construct by: William O. Johnson date 4/4/03

Installed by: Craig Thompson

Operation Permit by: William O. Johnson date 7/14/04

Existing System Inspection by: ____ date ____

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