IREDELL COUNTY HEALTH DEPARTMENT

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

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

CI 155.00 Paid

PERMIT# 104429 PIN# 4705 95 4883 DATE 8/27/02

OWNER OR CONTRACTOR STONES EDGE INC. PHONE: Business 663-2820 Home

ADDRESS 130 LAZY LN MOORESVILLE

LOCATION 64 W - TL LIPPARD FARM - TL STONES EDGE - TL GEM STONE - TR ZIRCON - TR TITANIUM AT END

SUBDIVISION STONES EDGE BLOCK / SECTION LOT 93 LOT AREA .9AC SITE CLASS. B DESIGN FLOW 360GPD L.T.A.R. 360/ET2

Septic Tank: 1000 Gallons: STB 1012 Date 7-29-02
Pump Tank: Gallons: PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 4@75' 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 INNOVATIVE
Repair System Description: PUMP SAME
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

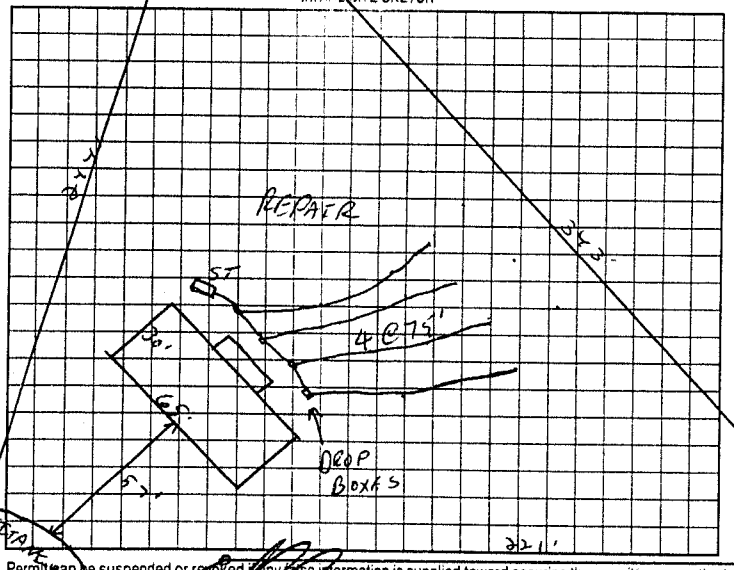
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees
☐ Other

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions:
1) DRIVE ON EITHER SIDE

Comments/Conditions: Tuff-Tite Filter Installed
S.T. marker Installed
-48 Inlet-Extra Shown Installed

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed As Shown Per Final 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 will not be 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 8-27-02 Installed by: Tommy Cothren

Improvement Permit by: CHZ RS date 8/27/02 Operation Permit by: William O. Johnson date 9-19-02

Authorization to Construct by: CHZ RS date 8/27/02 Existing System Inspection by: date

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