Pd $130

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 105277 PIN# 4705962129 DATE 3/3/03

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

ADDRESS 130 LAZY LANE MOORESVILLE

LOCATION 64W - TL LIPPARD FARM- TL STONESEDGE - TL OBSTONE - TR ZIRCON - TL PERROT - ON RT

SUBDIVISION STONESEDGE BLOCK / SECTION LOT 47 LOT AREA .873 SITE CLASS. PS DESIGN FLOW 480GPD L.T.A.R. .36GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 4-3-02

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

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

No Lines 3@133' 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: PUMP PANEL

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 4 No. Bathrooms 4 No. Employees

Water Supply: ☐ Individual ☑ Public ☐ Community

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

Comments:/Conditions:

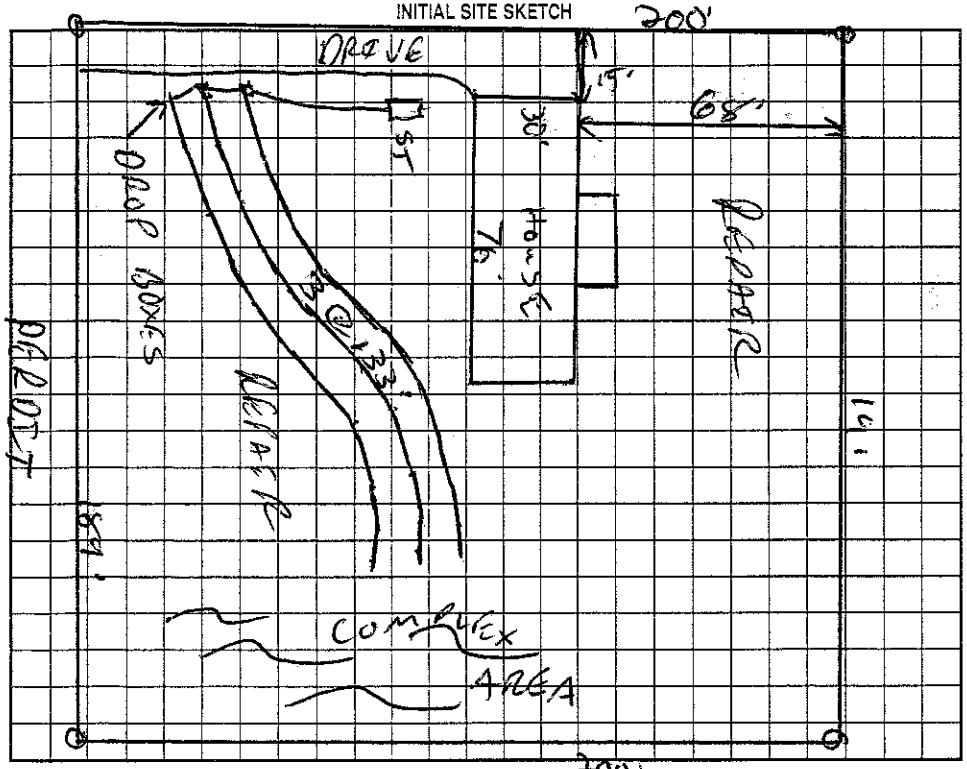
1" = 50'

Comments:/Conditions:

Tuff-Tite Filter + ST Marker Installed

-66 Infiltrator Chamber Installed

INITIAL SITE SKETCH



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: RM Isell date 3/3/03 Installed by: Craig Thompson

Improvement Permit by: [signature] date 3/3/03 Operation Permit by: [signature] date 3/7/03

Authorization to Construct by: [signature] date 3/3/03 Existing System Inspection by: date

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