This permit voids previously issued permit dated 1/29/03. CI

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 106696 PIN# 4705-96-4333 DATE 4/30/03

OWNER OR CONTRACTOR Stones Edge PHONE: Business (704) 663-2220 Home —

ADDRESS 130 Lazy Lane Mooresville N.C. 28117

LOCATION 64 W, @ Lippard Farm @ Stones edge @ Cemstone @ Zircon @ Tiffanie - on Left

SUBDIVISION Stones Edge BLOCK / SECTION — LOT 58 LOT AREA .505 Ac SITE CLASS. 15 DESIGN FLOW 360 L.T.A.R. .30 gpd/ft2

Septic Tank: 1000 Gallons; STB 1007 Date 3-26-03

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model Equ. to Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 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 LD Panel

Repair System Description: _____

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

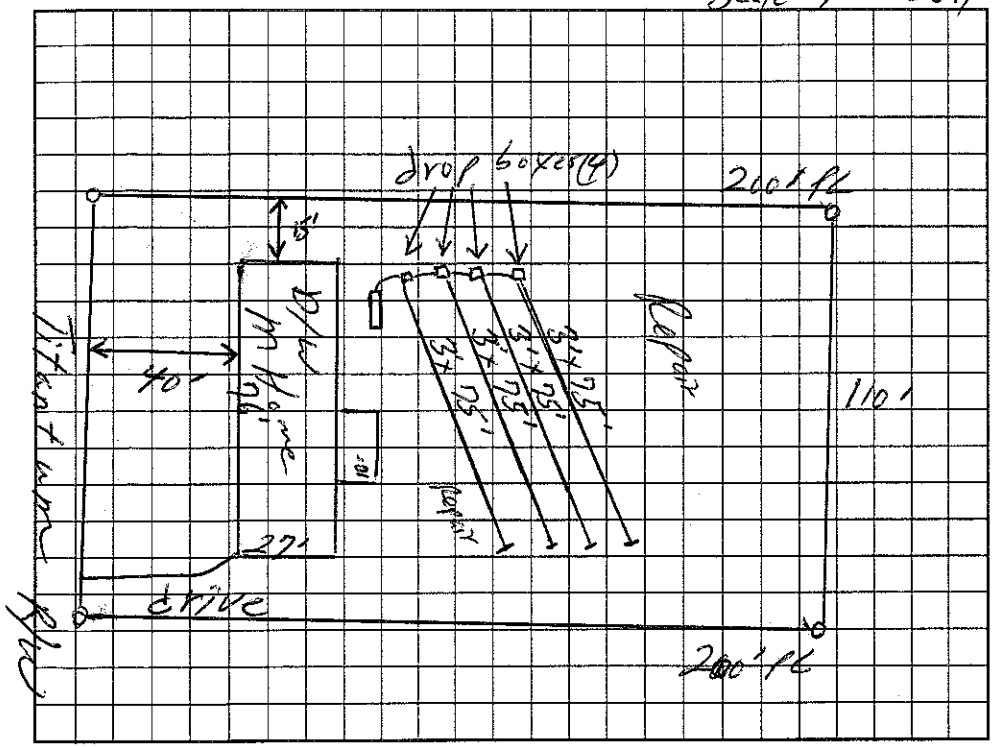
Water Supply: ☐ Individual ☐ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions:

- ST marker + poly lok filter Installed

INITIAL SITE SKETCH Scale 1" = 50ft



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: Shenetta L Pettyjean date 4/30/03

Improvement Permit by: William O. Johnson date 4/30/03

Authorization to Construct by: William O. Johnson date 4/30/03

Installed by: T. Cothern Sr date _____

Operation Permit by: William O. Johnson date 5/20/03

Existing System Inspection by: _____ date _____

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