IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 106647/11694 PIN# 4705964656 DATE 1/24/03

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

ADDRESS 130 LAZY LANE MOORESVILLE NC 28117

LOCATION 64 W - TL LIPPARD FARM - TL STONES EDGE - TL BIRTHSTONE - TL ZIRCON - TL TITANIUM - ON LT

SUBDIVISION STONES EDGE BLOCK / SECTION LOT 61 LOT AREA .505AC SITE CLASS. PS DESIGN FLOW 480GPD L.T.A.R. .36-PP/FT2

Septic Tank: 1000 Gallons; STB 1012 Date 6-10-03
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 5@80' 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: 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

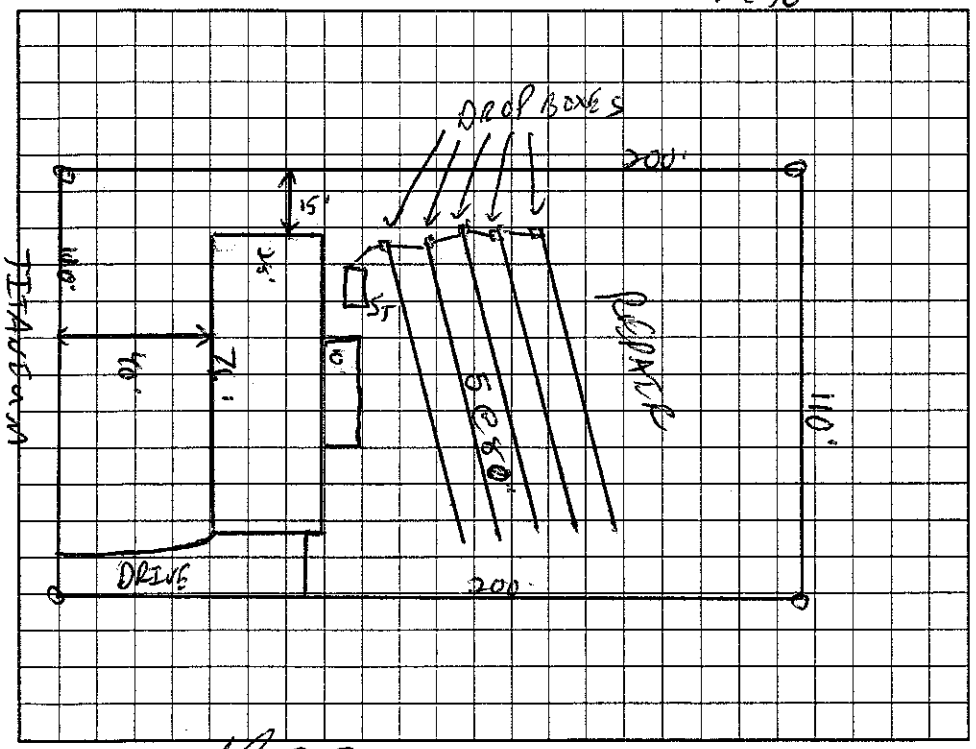
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions:

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— Tuff-Tite filter + ST marker Installed
— 64 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: date 3-28-03 Installed by: A-1 Backhoe

Improvement Permit by: RS date 1/29/03 Operation Permit by: William O. Johnson date 11/21/03

Authorization to Construct by: RS date 1/29/03 Existing System Inspection by: date

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