IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 EI 130.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 10626 PIN# 4705 96 6384 DATE 7/19/04

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

ADDRESS 130 LAZY LANE

LOCATION 64 west - TL LEPARD FARM - TL STONESEDGE - TL GEMSTONE - TR ZIRCON - TL TITANIUM ON RT

SUBDIVISION STONESEDGE BLOCK / SECTION LOT 83 LOT AREA .505 SITE CLASS PS DESIGN FLOW 480GPD L.T.A.R. .3650/K=

Septic Tank: 1000 Gallons; STB 1012 Date 3-26-04
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4@100' 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: LP ~~REPAIR~~ SINGLE
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees
☐ Other

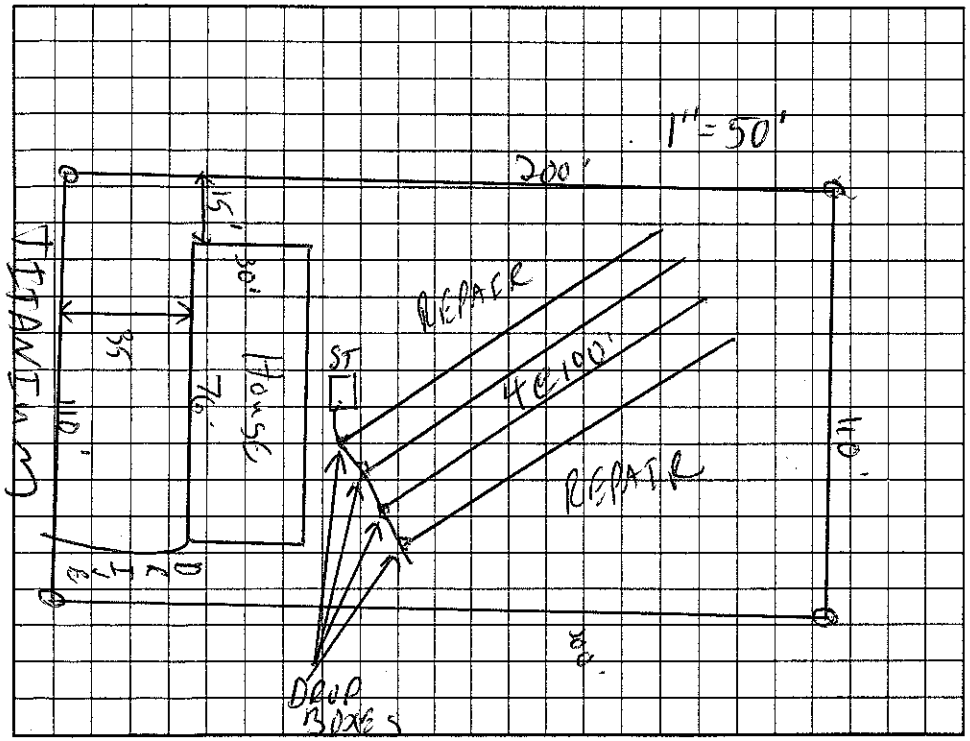
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions:

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- 64 Infiltrator Chamber Installed
- Tuff-Tite filter + ST Marker 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: Sarah Lundy date 8/11/04 Installed by: A-1 Backhoe

Improvement Permit by: C. M. Z. HS date 7/19/04 Operation Permit by: William A Johnson date 8/19/04

Authorization to Construct by: C. M. Z. HS date 7/19/04 Existing System Inspection by: date

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