IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 102634 PIN# 4705858934 DATE 10/24/01

OWNER OR CONTRACTOR ~~JOHN GRANGE~~ TERESA NEWTON PHONE: Business 663-2220 Home

ADDRESS 130 LAZY LANE MOORESVILLE NC 28117

LOCATION 64 WEST - TL LEPPARD FARM - TL STONES EDGE - TL GEMSTONE - TR ZIRCON - TL TITANIUM - ON RT

SUBDIVISION STONES EDGE BLOCK / SECTION LOT 82 LOT AREA .505 SITE CLASS PS DESIGN FLOW 480 GPD L.T.A.R. .36 GPD/FT

Septic Tank: 1000 Gallons STB 1072 Date 3-22-02
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 PANEL
Maintenance Agreement Required: ☐ Yes ☑ No

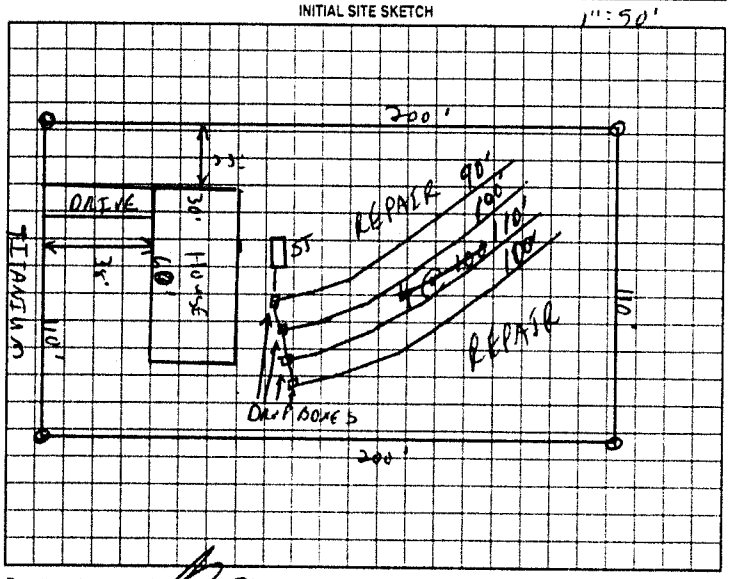
☑ House/Mod. Home No. Bedrooms 4
☑ Mobile Home No. Bathrooms 4
☐ Business No. Employees
☐ Other
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions:

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- Poly Lok Filter Installed
- Septic Tank Marker Installed.

INITIAL SITE SKETCH 1" = 50'



AS BUILT SKETCH

Installed as Shown for 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

Improvement Permit by: C. G. Z. RS date 10/24/01

Authorization to Construct by: STEVE HEDRICK date 8-7-02

Installed by: A-1 Backhoe

Operation Permit by: William O. Johnson date 8/9/02

Existing System Inspection by: date

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