# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 102633 PIN# 4705858934.81 DATE 10/24/01

OWNER OR CONTRACTOR JOHN CRAVER PHONE: Business 663-2220 Home

ADDRESS 130 LAZY LANE - MOORESVILLE NC 28117

LOCATION 64E - TL CEPPARO FARM - TL STONES EDGE. TL GEMSTONE - TR ZIRCON - TL TITANIUM - ON RT

SUBDIVISION STONES EDGE BLOCK / SECTION LOT 81 LOT AREA .505 SITE CLASS PS DESIGN FLOW 360GPD L.T.A.R. .36PD/1000

Septic Tank: 1000 Gallons: STB 1012 Date 11-2-02

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 4@75' 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: CRAVEN 25% REDUCTION

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 3

☐ Business No. Employees

☐ Other

Water Supply: ☐ Individual ☑ Public ☐ Community

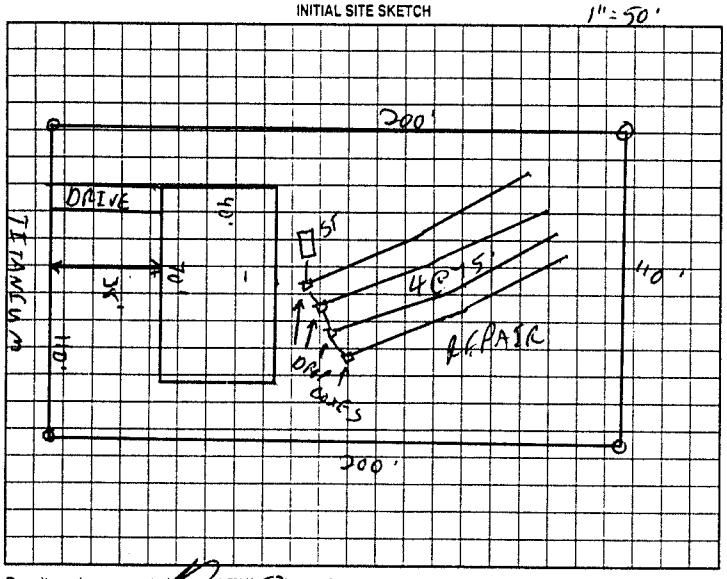
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions:

House Plan attached.

Comments/Conditions: ST Meter Installed
- Tuff Tite Filter Installed
- 48 Infiltrator Chamber 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

Improvement Permit by: KS date 10/24/01

Authorization to Construct by: William O Johnson date 11/15/02

Installed by: Craig Thompson

Operation Permit by: William O Johnson date 11/6/02

Existing System Inspection by: date

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