IREDELL COUNTY HEALTH DEPARTMENT

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

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

CF 130.00 Paid

PERMIT# 106714 PIN# 4705 96 7937 DATE 2/19/04

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

ADDRESS PO 130 LAZY LN MOORESVILLE NC 28117

LOCATION 64W - TL LIPPARD FARM - TL STONES EDGE - TR ZIRCON - TL TITANIUM - ON RT

SUBDIVISION STONES EDGE BLOCK / SECTION LOT 77 LOT AREA .505AC SITE CLASS. AS DESIGN FLOW 360GPD L.T.A.R. .36PD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 9-11-03

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: GRAVITY 25% Reduction

Repair System Description: LP PANEL

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 3 No. Employees

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

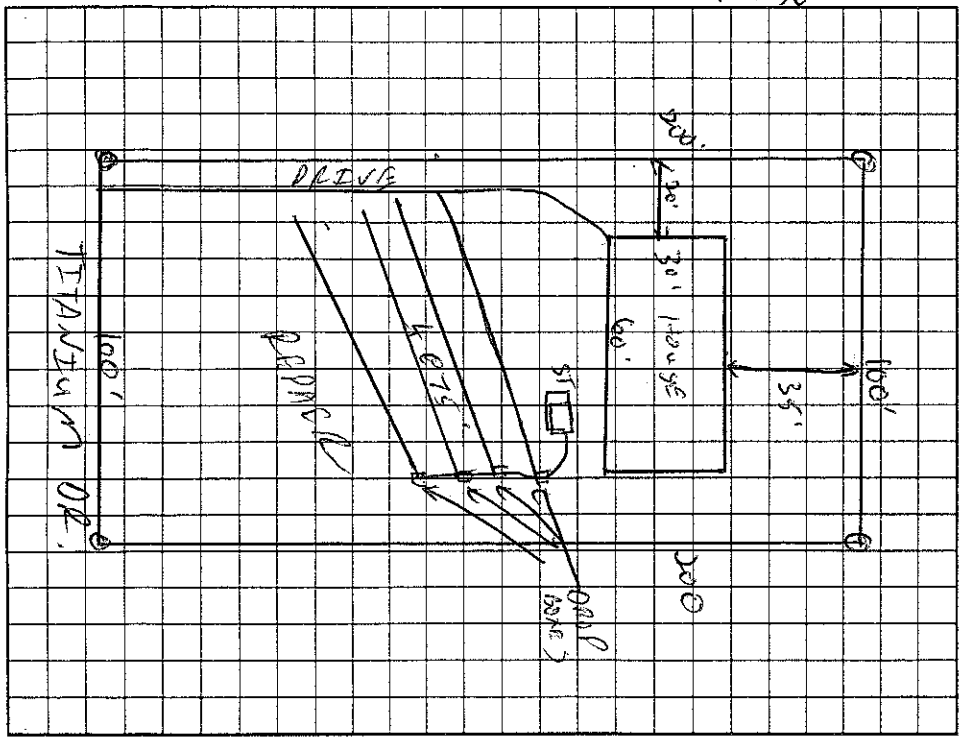
Water Supply: ☑ Individual ☑ Public ☐ Community

Comments:/Conditions:

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- Tuff-Tite filter + ST Marker Installed
- 48 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: Sarah Kinsey date 2/26/04 Installed by: A-1 Backhoe

Improvement Permit by: RS date 2/19/04 Operation Permit by: William O. Johnson date 3/5/04

Authorization to Construct by: RS date 2/19/04 Existing System Inspection by: date

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