IREDELL COUNTY HEALTH DEPARTMENT

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

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

#1 130

PERMIT# 104520 PIN# 4705 97 5490 DATE 6/19/02

OWNER OR CONTRACTOR STONES EDGE INC PHONE: Business 663-3220 Home

ADDRESS 130 LAZY LANE MOORESVILLE NC 28117

LOCATION 64W - TL LIPPARD FARM - TL STONES EDGE - TL GEMSTONE - TR ZIRCON - TL TITANEUM - ON LT

SUBDIVISION STONES EDGE BLOCK / SECTION LOT 68 LOT AREA 1.52 AC SITE CLASS PS DESIGN FLOW 480GPD L.T.A.R. 36GPD/SQ FT

Septic Tank: 1000 Gallons; STB 354 Date 10/16/01
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 5@50' Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I II III IV V VI
System Description: GRAVITY 25% REDUCTION
Repair System Description: ~~SAND~~ Pump LPP
Maintenance Agreement Required: ☐ Yes ☑ No
Gravel Depth N/A ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

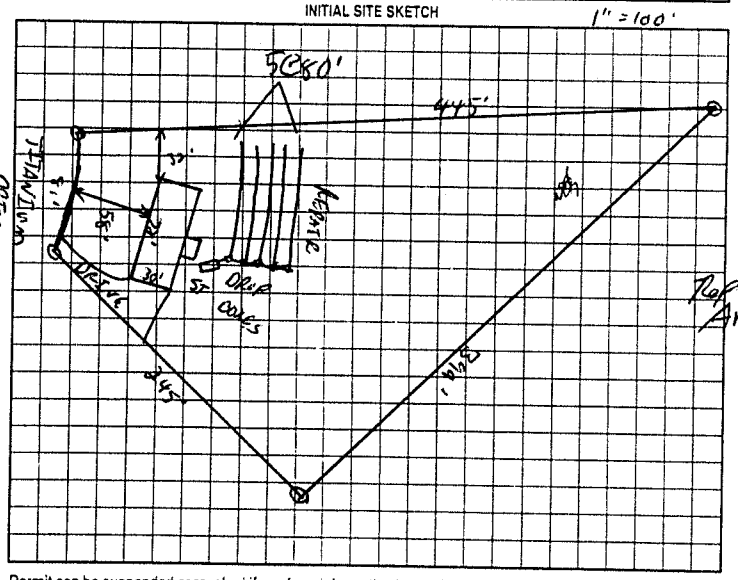
☐ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees
☐ Other

Water Supply: ☐ Individual ☑ Public ☐ Community

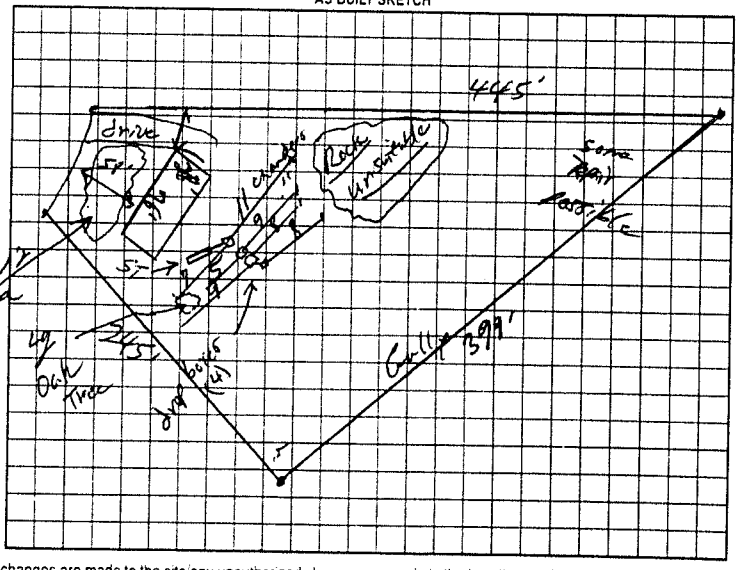
Comments/Conditions:

Comments/Conditions: 35% Reduction System, Gravity • 57 Ins/Chambers
- Polylok Filter Installed
- S.T. Marker Installed

INITIAL SITE SKETCH 1" = 100'



AS BUILT 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: Danny R Odom date

Installed by: G+M Enterprises

Improvement Permit by: KS date 6/19/02

Operation Permit by: William O Johnson date 7/16/02

Authorization to Construct by: KS date 6/19/02

Existing System Inspection by: date

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