122658

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 1300 Pg 9 MOORESVILLE 704-664-5281

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

PERMIT# ~~108419~~ PIN# 4705 97 8481 DATE 5/19/04

OWNER OR CONTRACTOR STONESGATE INC PHONE: Business 663 2220 Home

ADDRESS 130 LAZY LN MOORESVILLE NC 28117

LOCATION 64 W TL LIPPARD FARM - TR STONESGATE - TL EMSTONE - TR ZIRCON - TL TITANIUM AT END AT TEE

SUBDIVISION STONESGATE BLOCK / SECTION LOT 70 LOT AREA .575AC SITE CLASS. PS DESIGN FLOW 360GPD L.T.A.R. .36 PD/PT 2

Septic Tank: 1000 Gallons: STB 1012 Date 3-1-04
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 5@80' 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

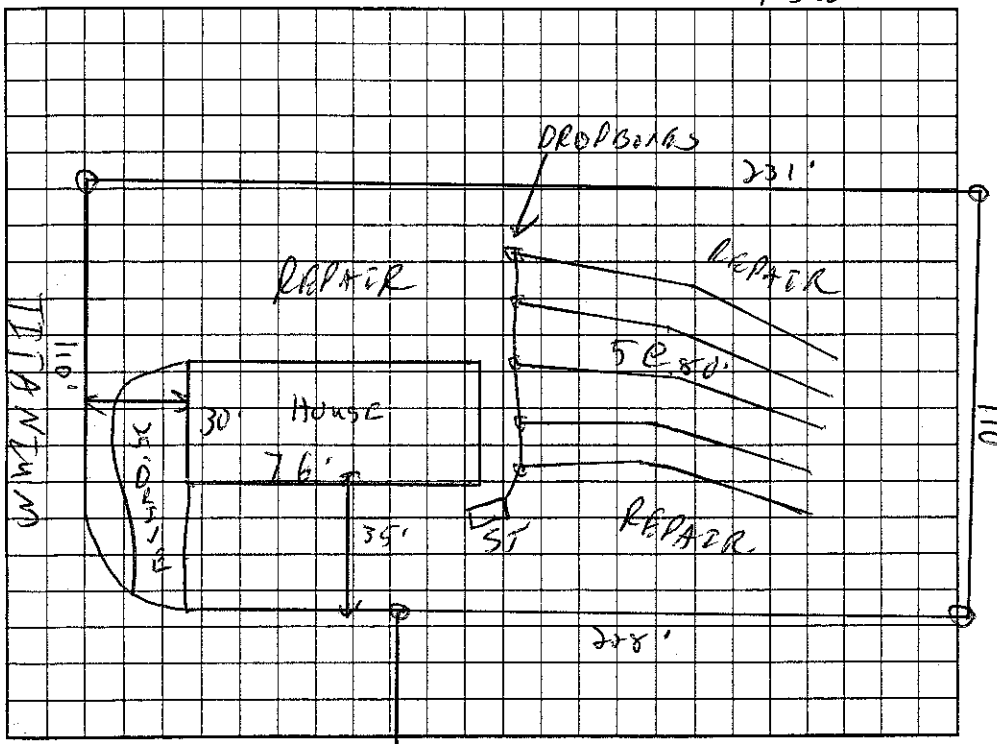
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees
☐ Other
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

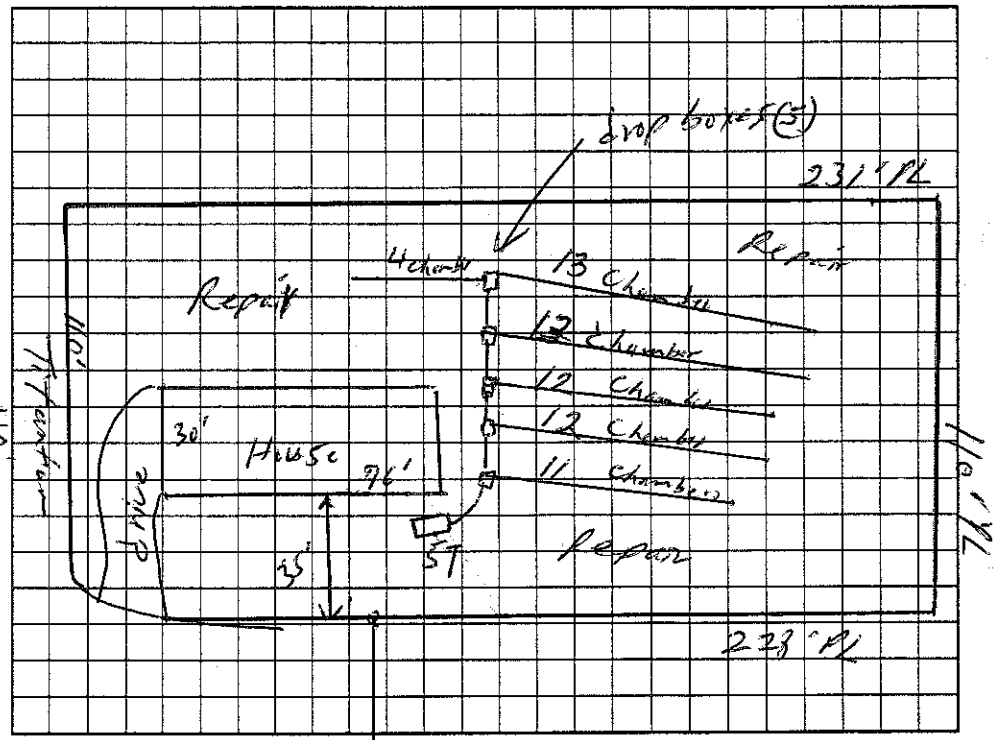
Comments:/Conditions: DO NOT CUT HOUSE PAD.

Comments:/Conditions: - Tuff-Tite Filter + ST maybe Installed
- 65 Infiltrator Chamber Installed

INITIAL SITE SKETCH 1" = 50'



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: Sarah Lundy date 7/15/04 Installed by: A-1 Backhoe

Improvement Permit by: [signature] date 5/19/04 Operation Permit by: William O. Johnson date 7/27/04

Authorization to Construct by: [signature] date 5/19/04 Existing System Inspection by: date

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