IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (C) MOORESVILLE 704-664-5281

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

PERMIT# 118735 PIN# 4775-05-9774 DATE 3-2-04

OWNER OR CONTRACTOR IRONSTONE DEVELOPMENT GROUP, LLC PHONE: Business 980-722-0871 Home

ADDRESS 144 WILLIFORD ROAD, MOORESVILLE, NC 28115

LOCATION US 64 EAST, TL SAIN ROAD, TL SPRING FOREST DRIVE, 2ND LOT ON RIGHT PAST KNOLLCREST LANE.

SUBDIVISION SPRING FOREST BLOCK / SECTION ____ LOT 88 LOT AREA 0.6910 ACRE SITE CLASS. PS DESIGN FLOW 600 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1500 Gallons; STB 1011 Date 9-22-03

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet ____ Linear Feet ____

No Lines EIGHT NINE 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: 25% REDUCTION, GRAVITY

Repair System Description: 50% REDUCTION, LOW PRESSURE

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other WITH BONUS ROOM

No. Bedrooms 4 No. Bathrooms 3½ No. Employees ____

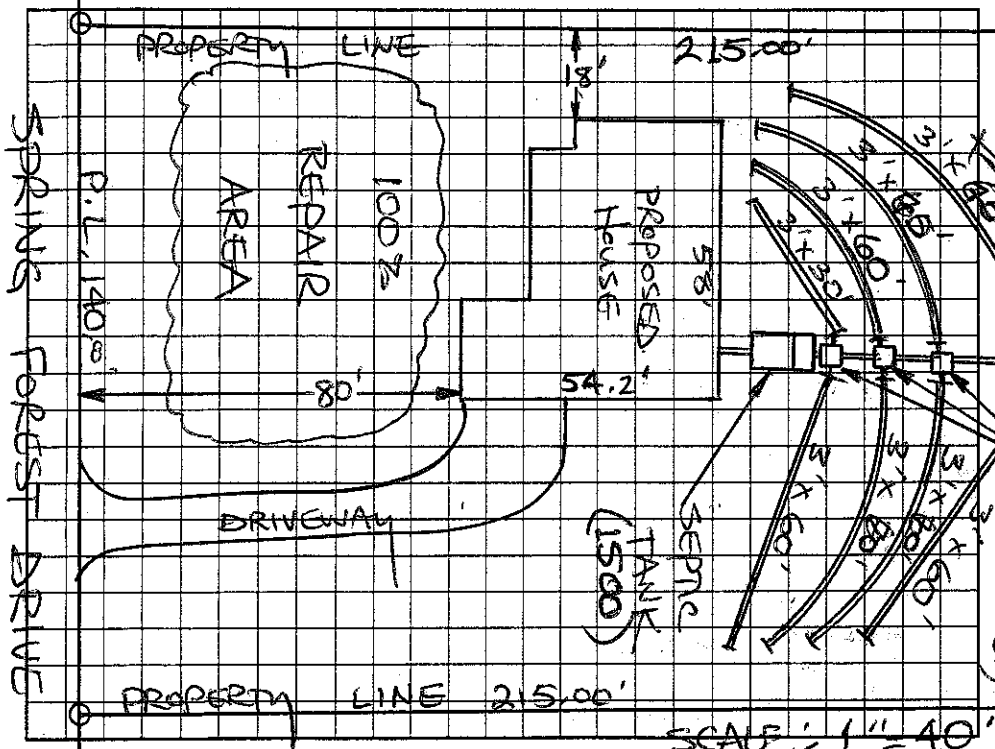
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

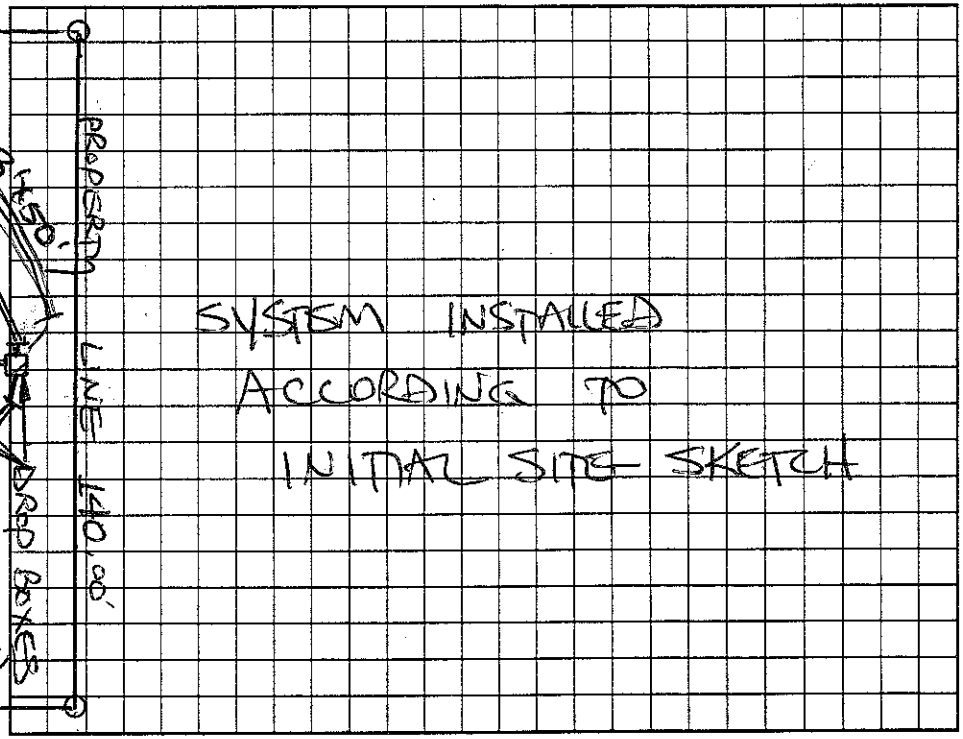
Comments:/Conditions: INSTALL 25% REDUCTION SYSTEM ON CONTOUR AS SHOWN & FLAGGED ON SITE

Comments:/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "THETITE" FILTER

INITIAL SITE SKETCH



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: _____ date 3-3-04 Installed by: CRAIG THOMPSON

Improvement Permit by: STEVE HEDRICK date 3-2-04 Operation Permit by: STEVE HEDRICK date 8-2-04

Authorization to Construct by: STEVE HEDRICK date 3-2-04 Existing System Inspection by: _____ date _____

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