Permit# 164917 attached for basement completion

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 134024 PIN# 3774825944 DATE 3-20-06

OWNER OR APPLICANT Edward Surrett PHONE: Business Home 828 267 9926

ADDRESS 158 Ridge Point Dr.

LOCATION Sharon School Rd, left on Stewart Rock, left on Fulbright, right on Gardner Point, right on Ridge Point, lot on right

SUBDIVISION Riverwalk BLOCK / SECTION V LOT 8 LOT AREA 1.08 SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1000 Date 5-15-06
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 400
No Lines ____ Trench Width 36" Max Trench Bottom Depth 36"

☐ New System ☐ Repair ☐ Expansion, System Type: I (II) III IV V VI
System Description: 25% Reduction Gravity
Repair System Description: 25% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Persons ____
☐ Business No. Employees ____
☐ Other ____

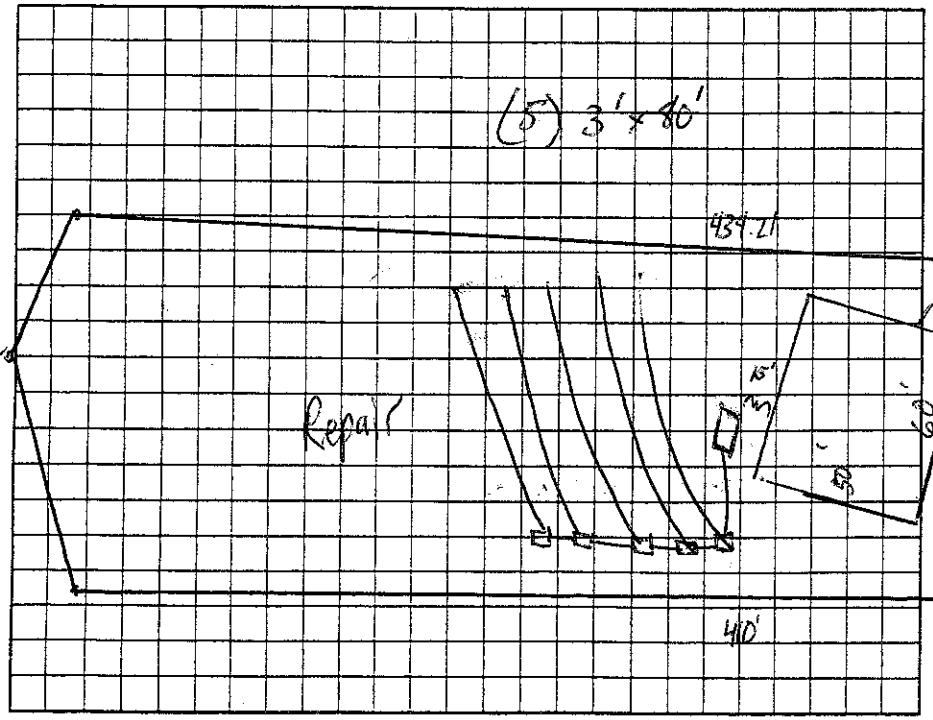
Water Supply: ☒ Individual ☐ Public ☐ Community

Gravel Depth n/a ☒ Gravity ☐ Pressure ☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

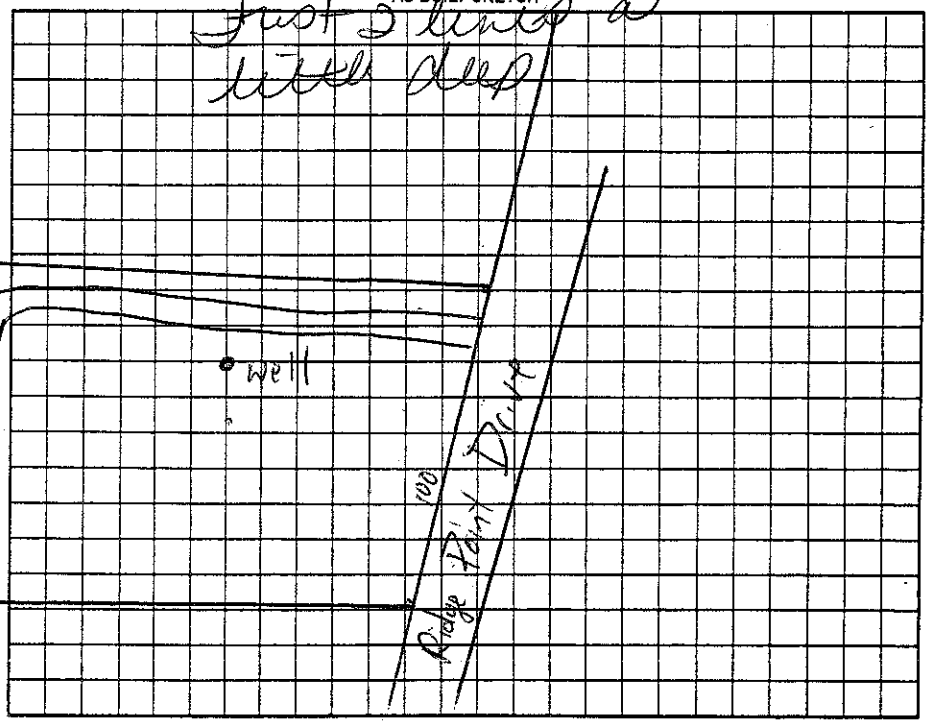
Comments:/Conditions:
Yellow Sufftate Letter
Septic tank marker

INITIAL SITE SKETCH



AS BUILT SKETCH

Just 2 lines a little deep



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: Cindy Mayer date 4-5-06
Improvement Permit by: [signature] date 3-20-06
Authorization to Construct by: [signature] date 3-27-06
Installed by: [signature]
Operation Permit by: [signature] date 11-17-06
Existing System Inspection by: ____ date ____

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