IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # Z18867

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

PIN # 4629-68-6408

APPLICANT: JOHNNY EDWARDS APPLICANT ADDRESS: PO BOX 1124 TROUTMAN

SITE ADDRESS: 351 WILDLIFE RD. - TROUTMAN PHONE: 704-576-1456 ALT. PHONE:

SITE DIRECTIONS: STATE PARK RD., TL WILDLIFE, ON L

SUBDIVISION: C L & T SECTION: 18 LOT # 123 LOT AREA: .706 AC DESIGN FLOW: 240 L.T.A.R.: .3

Septic Tank 1000 (gal) STB 794 Date 11.23.16
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 2 @ 100' Linear Ft: 200'
Trench Width 36" Max. Trench Bottom Depth 24-36" Gravel Depth —

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: 25% REDUCTION
Repair System Description: PANEL BLOCK
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing
No. Bedrooms 3 No. Persons 4 No. Employees
☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Red Filter

INITIAL SITE SKETCH

SEE PLAN FROM MICHAEL ATHANAS & ASSOCIATES

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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat* valid without expiration. ☐ **IMPROVEMENT PERMIT** *with site plan* valid for 60 mos. ☒ **AUTHORIZATION TO CONSTRUCT** valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Jim Edwards Date: 6/6/2016 Installed by: Richard Abernathy

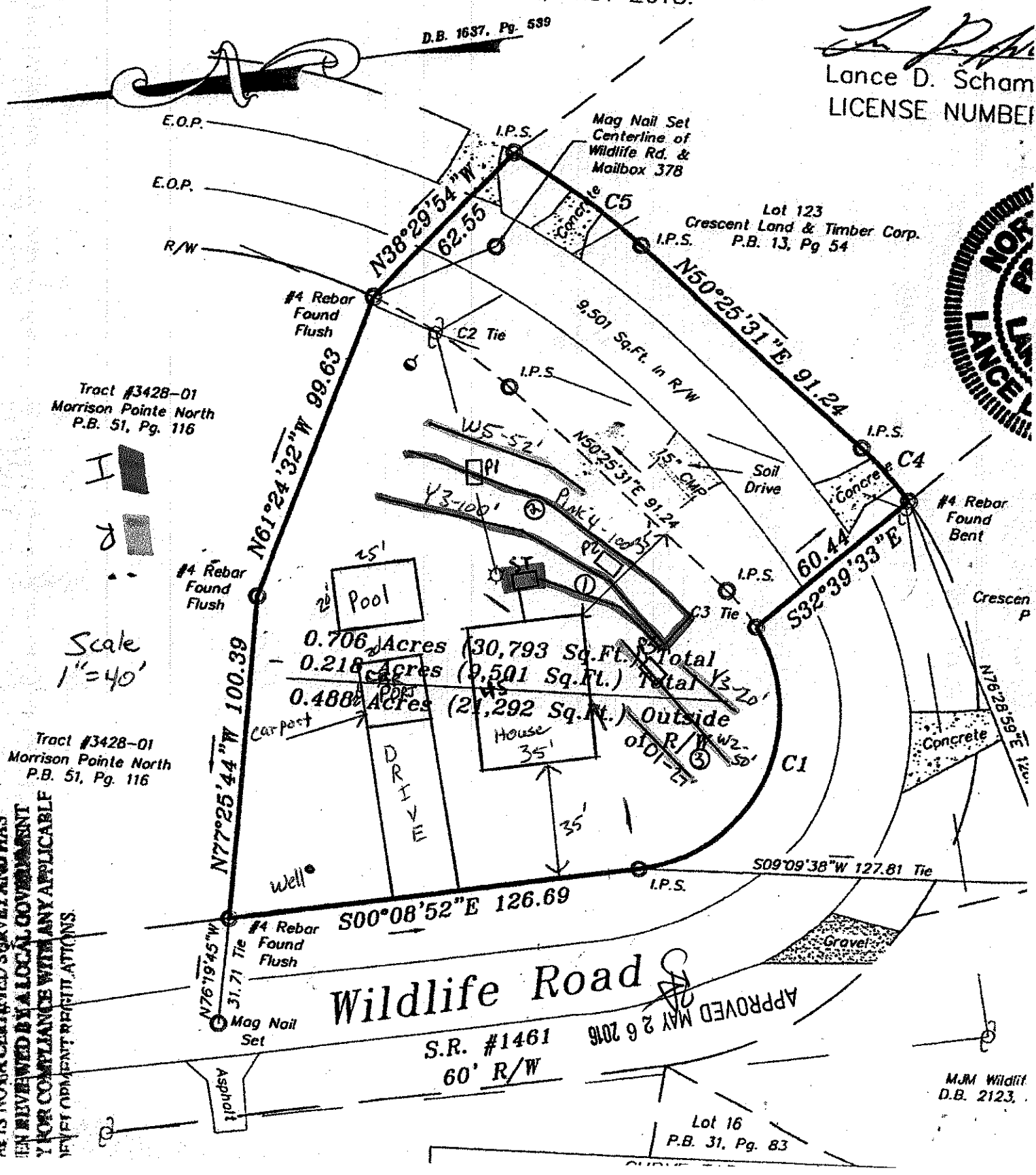
IMPROVEMENT PERMIT by: APPROVED Date: MAY 26 2016 OPERATION PERMIT by: Maria Dotson Date: 12/29/16

AUTHORIZATION TO CONSTRUCT by: APPROVED MAY 26 2016 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

nce D. Schamback, certify that this plat was drawn under my supervision
vey made under my supervision (deed description and/or Map Book: 1637, F
nat the boundaries not surveyed are clearly indicated as drawn from informa
survey; that the ratio of precision as calculated is 1: 10,000+ that this plat
in accordance with G.S. 89-C as amended. Witness my original signature, regist
and seal this 6 day of April, A.D. 2015.

Lance D. Scham
LICENSE NUMBE



APPROVED MAY 26 2016

AP IS NOT A CERTIFIED SURVEY AND HAS
EEN REVIEWED BY A LOCAL GOVERNMENT
Y FOR COMPLIANCE WITH ANY APPLICABLE
DEVELOPMENT REGULATIONS