IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 $155.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 075183 PIN# ~~4636-30-7807~~ 4636-30-9689 DATE June 30, 03

OWNER OR CONTRACTOR Edwards Construction Inc. PHONE: Business _____ Home _____

ADDRESS 2419 Harry Fincum Rd. Monroe, N.C. 28110

LOCATION Brawley Sch Rd. TL Isle of Pines TL Cannot around curve on left

SUBDIVISION Lake View Heights BLOCK / SECTION _____ LOT 5 LOT AREA .69ac SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 794 Date 7/19/03
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4@100 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: * Crawly 25% Reduction
Repair System Description: LP 25-50% Reduction
Maintenance Agreement Required: ☐ Yes ☑ No initially

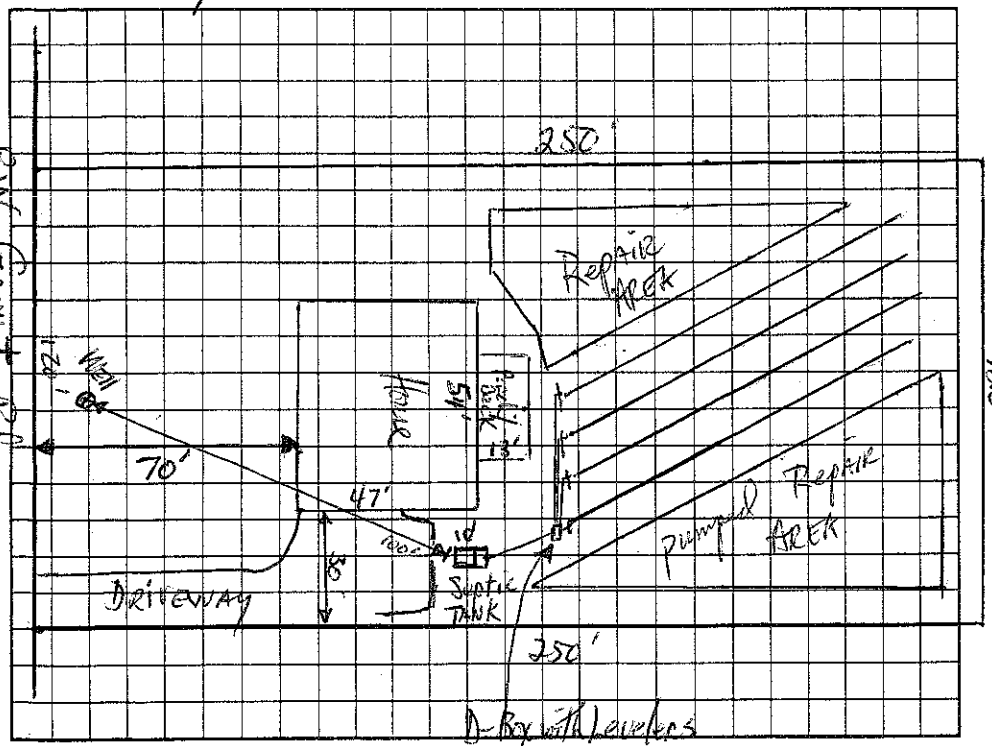
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

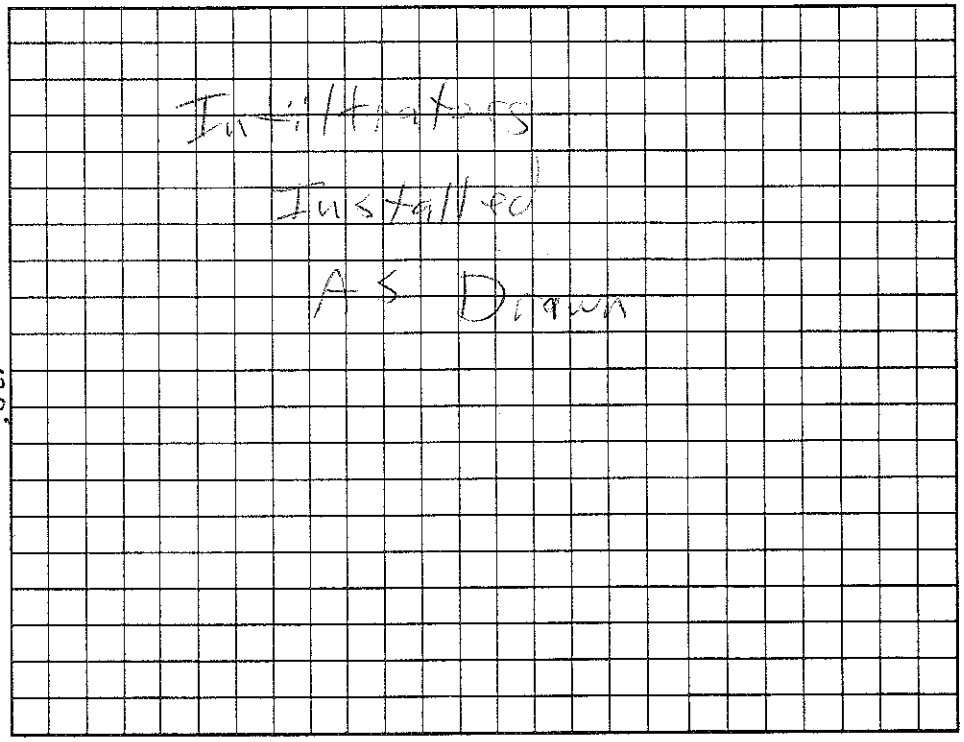
Comments:/Conditions: Drop Boxes may be used in lieu of single A-Box.
* Exit plumbing NEAR existing grade in order to accomodate a gravity system

Comments:/Conditions:

1"=50' 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: W Edwards date 7-2-03 Installed by: Marty Tucker

Improvement Permit by: _____ date 6-30-03 Operation Permit by: _____ RS date 12/30/03

Authorization to Construct by: _____ date 6-30-03 Existing System Inspection by: _____ date _____

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