IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 075179 PIN# 4636307807 4636-40-0803 DATE Dec 17, 02

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

ADDRESS 2419 Henry Bayless Rd. Monroe, N.C. 28110

LOCATION Henry Bayless Rd. IL Isle of Pines TL Garnet on left near end

SUBDIVISION Lakeview Heights BLOCK / SECTION _____ LOT 3 LOT AREA .69Ac SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. ~.3

Septic Tank: 1000 Gallons; STB 794 Date 7-26-03

Pump Tank: 1000 Gallons; PT 283 Date 7-25-03

Pump Make Gould's Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, III, IV, V-VI

System Description: PM- 25% Reduction

Repair System Description: LPP BPS

Maintenance Agreement Required: ☐ Yes ☑ No initially

☐ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees _____

☐ Other _____

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

Water Supply: ☑ Individual ☐ Public ☐ Community

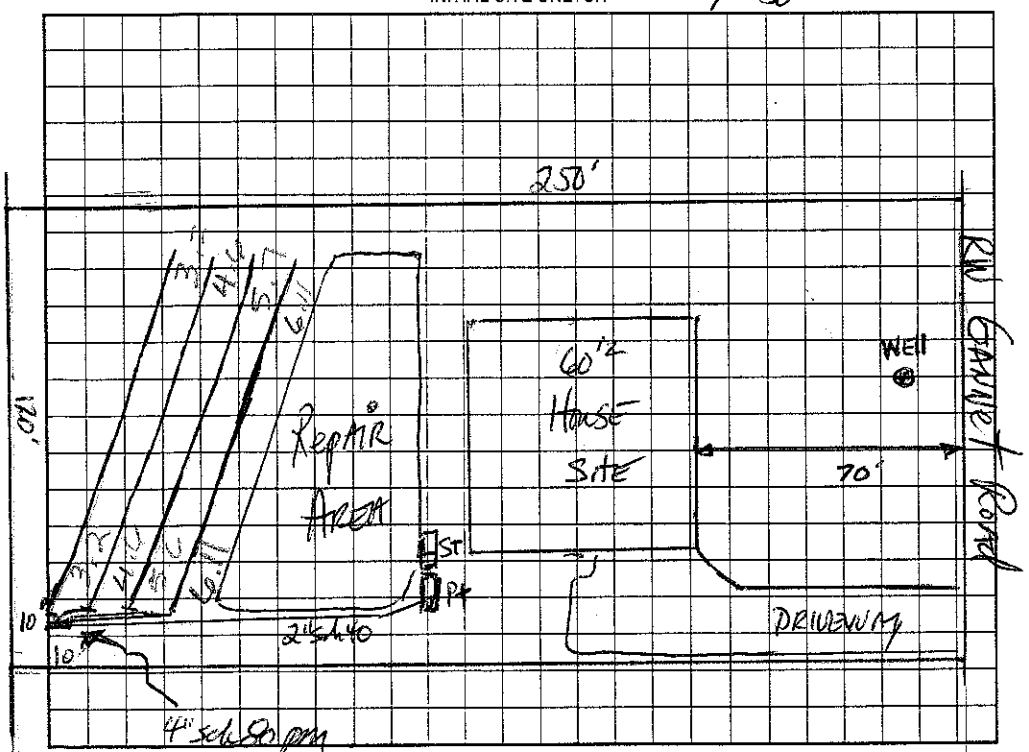
Comments:/Conditions:

OK to use Right side load garage. Do not cut around house site. DRH

Comments:/Conditions: Tanks Checked 8/27/03

Checked lines 8/28/03

INITIAL SITE SKETCH 1"=50'



AS BUILT SKETCH

Used "Plastic Chambers" for Drainfield

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 _____ Installed by: Marty Tucker

Permit by: _____ RS date 12-17-02 Operation Permit by: _____ RS date 1/14/04

Inspect by: _____ RS date 12-27-02 Existing System Inspection by: _____ date _____

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