IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 #50 MOORESVILLE 704-664-5281

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

PERMIT# 100275 PIN# 4637214601 (pt) 4637119957 DATE 8-26-2002

OWNER OR CONTRACTOR Edwards Construction PHONE: Business (704) 363-3713 Home

ADDRESS 2419 Henry Baucom Rd. Monroe, NC 28110

LOCATION Brawley School Rd TR Blume ~ .9 mile on right

SUBDIVISION Devonshire BLOCK / SECTION LOT 11 LOT AREA .75 Acre SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 3/2 Date 7/26/02
Pump Tank: 1000 Gallons; PT 27 Date 7/13/02
Pump Make: Little Giant Model 9 E H-CIA Series No.
Nitrification Field: No Fields 1 Square Feet 540' Linear Feet 270'
No Lines 6 @ 45' ea Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth N/A

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI
System Description: Pump - PM - Panel Blk
Repair System Description: Same
Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 4
[ ] Mobile Home No. Bathrooms 4
[ ] Business No. Employees
[ ] Other

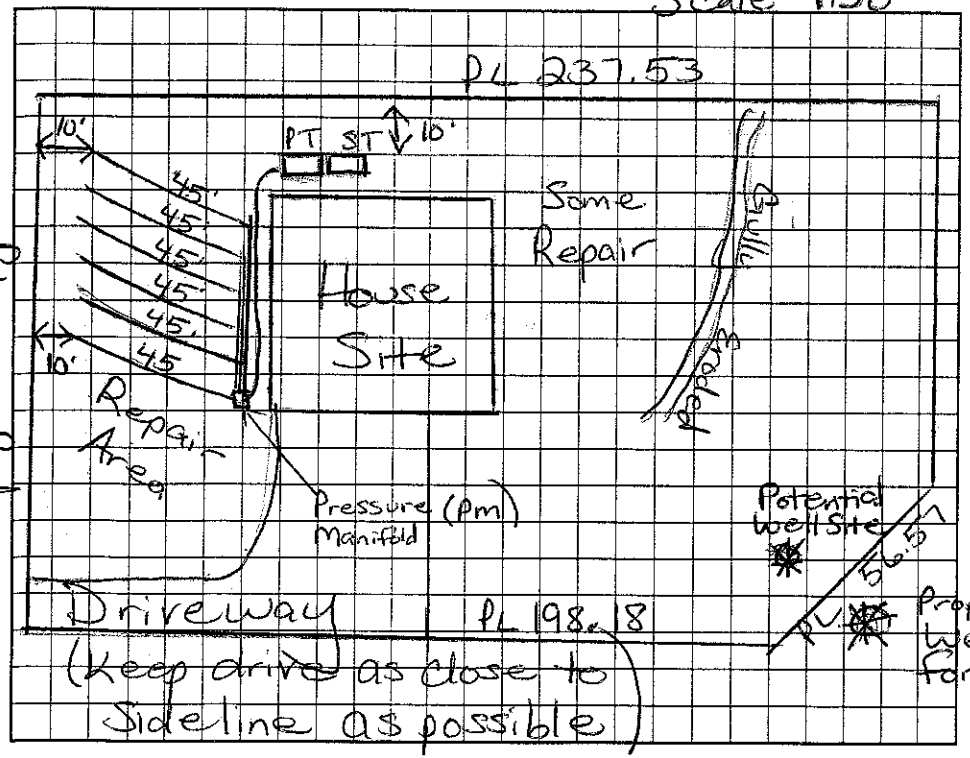
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] Individual [ ] Public [ ] Community

Comments/Conditions: Keep Septic System at least 10' From PL

Comments/Conditions:

INITIAL SITE SKETCH Scale 1:50



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 H Edwards date 9/9/02 Installed by: Abernathy

Improvement Permit by: Maria H Wilson RS date 8/26/2002 Operation Permit by: RS date 3/21/03

Authorization to Construct by: Maria H Wilson RS date 8/26/2002 Existing System Inspection by: date

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