IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 0 123293 PIN# 4664-67-0275.042 4664-56-1889 DATE 4/20/05

OWNER OR CONTRACTOR RIDGELINE DEVELOPMENT PHONE: Business 362-5007 Home

ADDRESS 17105 NEATON DR. SUITE 207-C

LOCATION SHEARERS RD - TC ANNISTON - TR LOVAN CROSSING - TR ELIZABETH BROOK - ON RT

SUBDIVISION ANNISTON BLOCK / SECTION 1 LOT 42 LOT AREA .630 SITE CLASS. PS DESIGN FLOW 480GPD L.T.A.R. .25600/480

Septic Tank: 1000 Gallons; STB 794 Date 2/1/06

Pump Tank: 1000 Gallons; PT 293 Date 9/7/05

Pump Make: GOULDS Model WE4-511 HH Serial No.

Nitrification Field: No Fields 1 Square Feet 750 Linear Feet 390

No Lines 6@65' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: CP PANEL

Repair System Description: SAME

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees

☐ Other

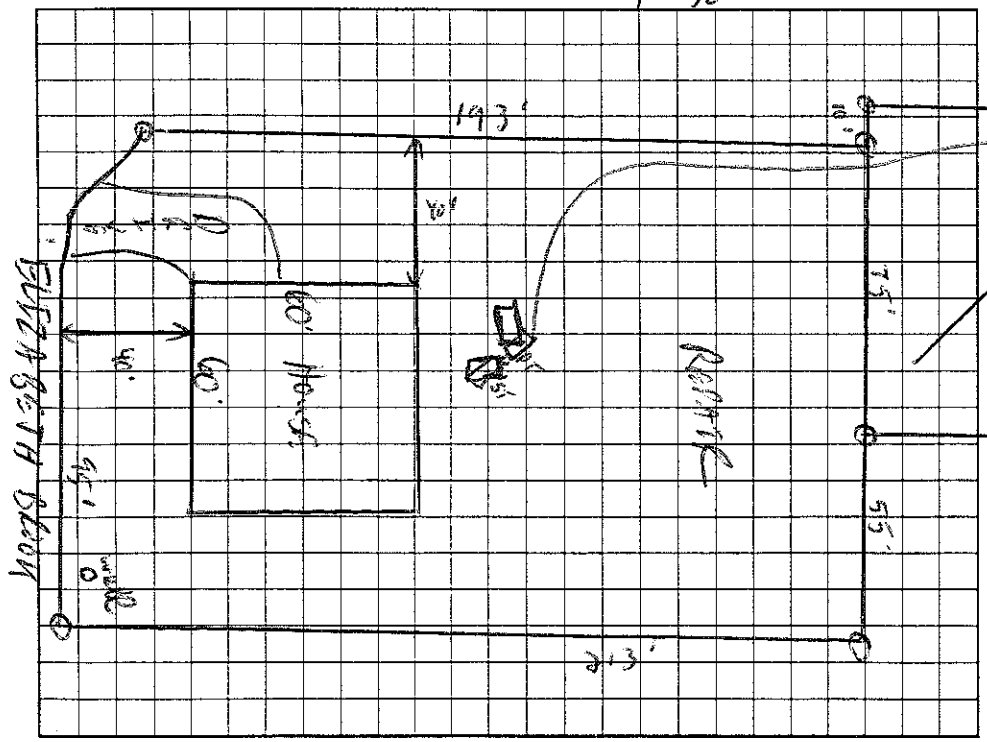
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

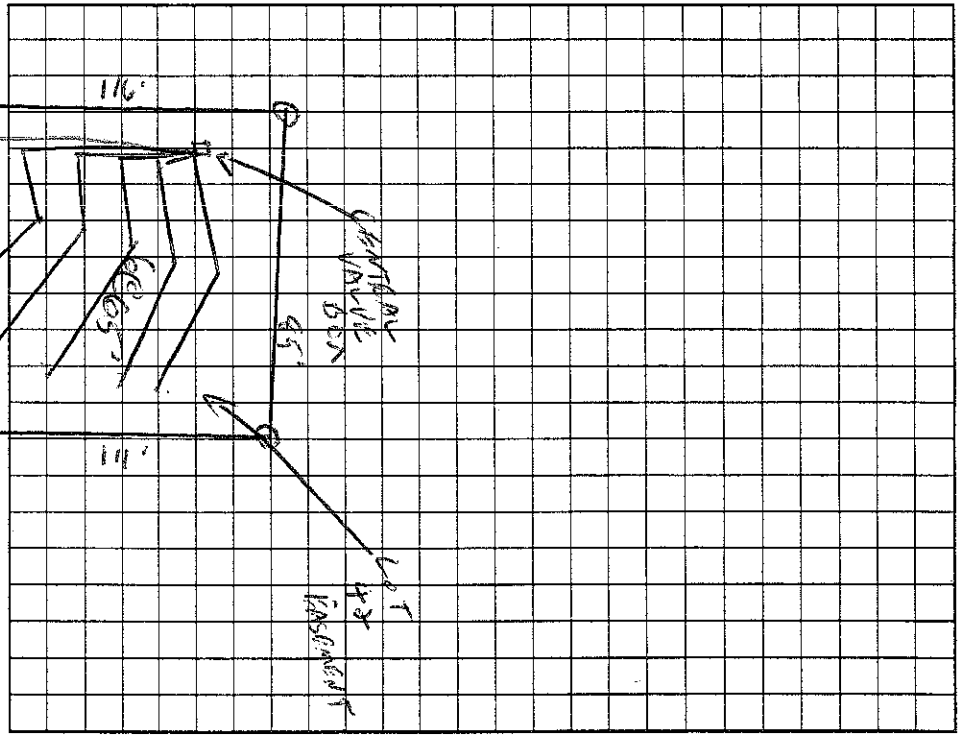
Comments/Conditions: REPAIR ONSITE - INITIAL SYSEM OFFSITE
REPAIR DESIGN AT .2

Comments/Conditions: 11"

INITIAL SITE SKETCH 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: [signature] date 5-17-05 Installed by: Marty Thacker

Improvement Permit by: [signature] RS date 4/20/05 Operation Permit by: [signature] RS date 12/6/06

Authorization to Construct by: Wesley Sparks R.S. date 9/28/05 Existing System Inspection by: date

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