IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 123788 PIN# 4666707878.035 4664564889 DATE 4/20/05

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

ADDRESS 17105 BEATON DR. SUITE 207-C CORNELIUS NC 28031

LOCATION SHEARERS RD - (SEPTIC ON LT PAST ANNISTON) - (TL ANNISTON - TR LOGAN - TR ELIZABETH BROOK - LOT ON LEFT)

SUBDIVISION ANNISTON BLOCK / SECTION 1 LOT 36 LOT AREA .4446 SITE CLASS. PS DESIGN FLOW 480GPD L.T.A.R. .23 440/FT

Septic Tank: 1000 Gallons; STB 794 Date 5-24-05
Pump Tank: 1000 Gallons; PT 17 Date 9-19-06
Pump Make: Goulds Model WS1512HH Serial No.
Nitrification Field: No Fields 1 Square Feet 1560 Linear Feet 520
No Lines 8 @ 65' Trench Width 36" Max Trench Bottom Depth 24" (18") Gravel Depth

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: PUMP OFFSITE 2506 REDUCTION
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees
☐ Other

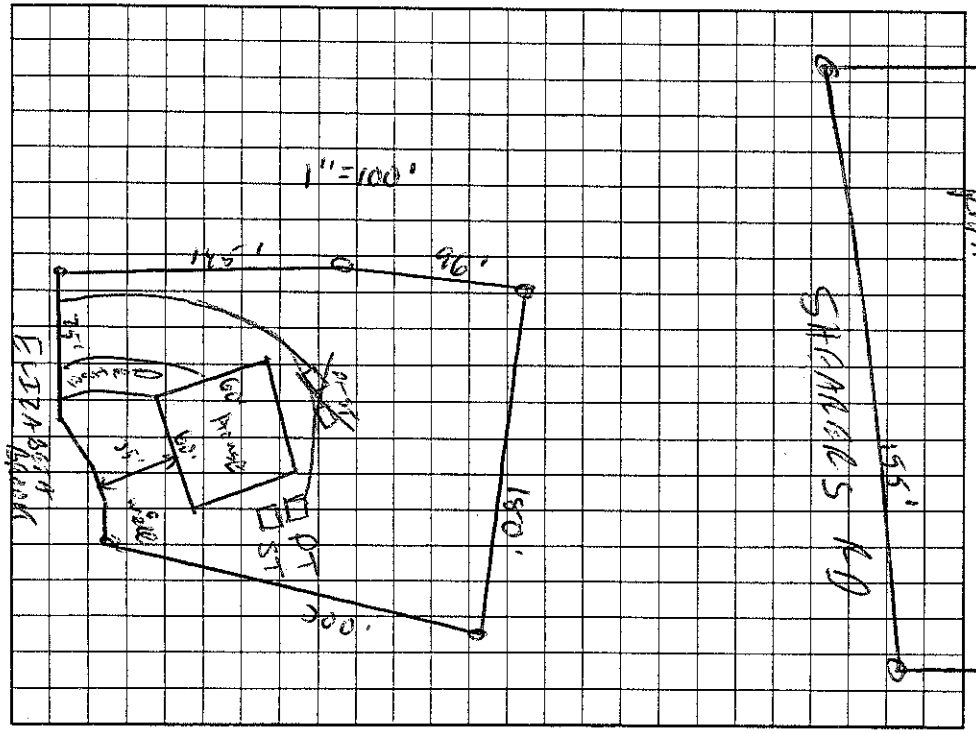
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

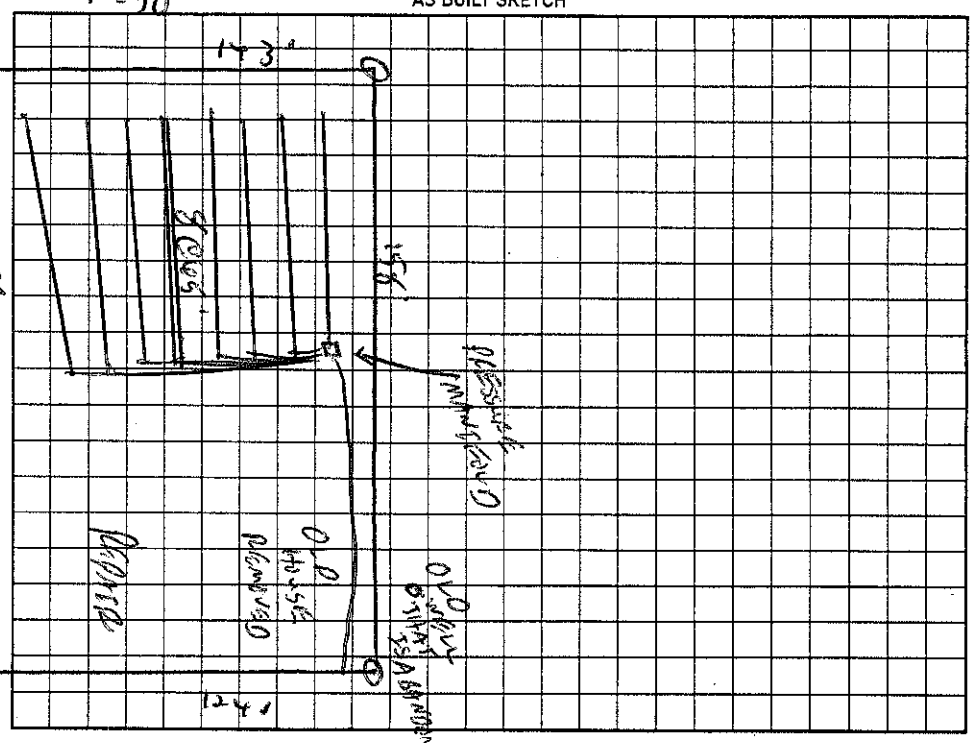
Comments:/Conditions: SEE WELL ABANDONMENT IN FILE -

Comments:/Conditions:

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: [signature] date 5-17-05 Installed by: Marty Tucker

Improvement Permit by: [signature] date 4/20/05 Operation Permit by: [signature] date 11/17/07

Authorization to Construct by: [signature] date 1/26/06 Existing System Inspection by: date

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