IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 130791 PIN# 4664572559.025 4664569579 DATE 2/21/07

OWNER OR APPLICANT Edwards Construction PHONE: Business _____ Home _____

ADDRESS _____

LOCATION Shearers Rd (S), TL Anniston Logging X, on left near end

SUBDIVISION Anniston BLOCK / SECTION 1 LOT 25/25A LOT AREA _____ SITE CLASS. P.S. (Pressure) DESIGN FLOW 480 gpd L.T.A.R. .25 (easement)

Septic Tank: 1000 Gallons: STB 794 Date 9-20-11

Pump Tank: 1000 Gallons: PT 27 Date 3-11-11

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 972 Linear Feet 324

No Lines 3 Trench Width 24"/36" Max Trench Bottom Depth 36" Gravel Depth NA ☐ Gravity ☒ Pressure

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: Low Press. Pond Bik

Repair System Description: Same

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments:/Conditions:

- Leave Repair Area undisturbed
- Tie into pre-plumbed supply lines to designated easement

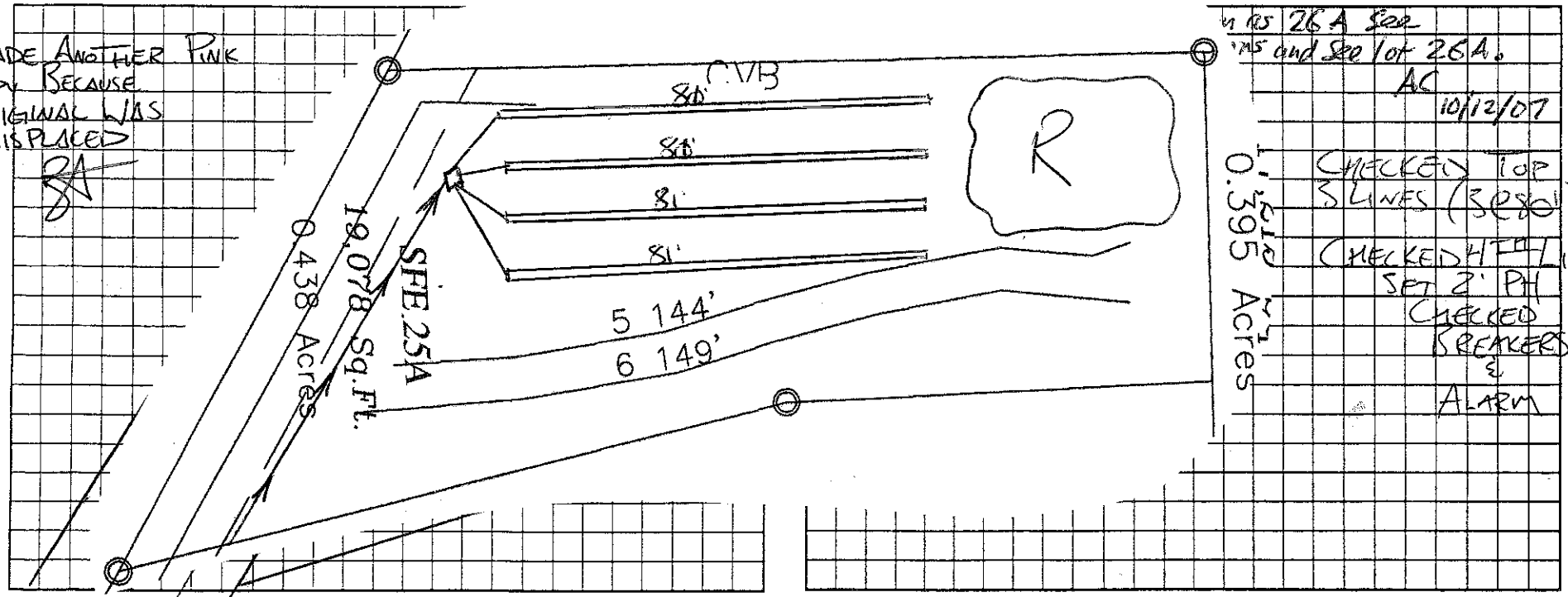
Comments:/Conditions:

GAS RIGHT OF WAY MARKED BEFORE INSTALLATION

KENT SHAW 704-902-0085

INITIAL SITE SKETCH

MADE ANOTHER PINK COPY BECAUSE ORIGINAL WAS MISPLACED



SKETCH

Lot 26A Sec 1 MS and Sec 1 of 26A.

AC 10/12/07

CHECKED TOP 3 LINES (SEC 1)

CHECKED HTH LINE SET 2' PH

CHECKED BREAKERS & ALARM

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: Jan A Edward date 5-1-07

Improvement Permit by: John E Alph date 2/21/07

Authorization to Construct by: John E Alph date 2/21/07

Installed by: ARERNATHY

Operation Permit by: REHS date 11-14-11

Existing System Inspection by: _____ date _____

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