IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 123260 PIN# 4664670278.005 4664573997 DATE 3/3/05

OWNER OR CONTRACTOR RIDGELINE DEV / EDWARDS CONS. PHONE: Business 753-5310 Home

ADDRESS 2419 HENRY BUCOM RD. MONROE NC 28110

LOCATION SHEARERS RD (S) - TC ANNISTON - LOT ON RT - SEPTIC ON LT

SUBDIVISION ANNISTON BLOCK / SECTION 1 LOT 8 LOT AREA .624c SITE CLASS. ES DESIGN FLOW 450GPD L.T.A.R. .3660 IR

Septic Tank: 1000 Gallons: STB 794 Date 11/2/05
Pump Tank: 1000 Gallons: PT 253 Date 10/24/05
Pump Make: Goulds Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1000 Linear Feet 400
No Lines 3@133' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: PUMP 25% REDUCTION OFFSITE
Repair System Description: CA PAVEL OFFSITE
Maintenance Agreement Required: ☐ Yes ☑ No

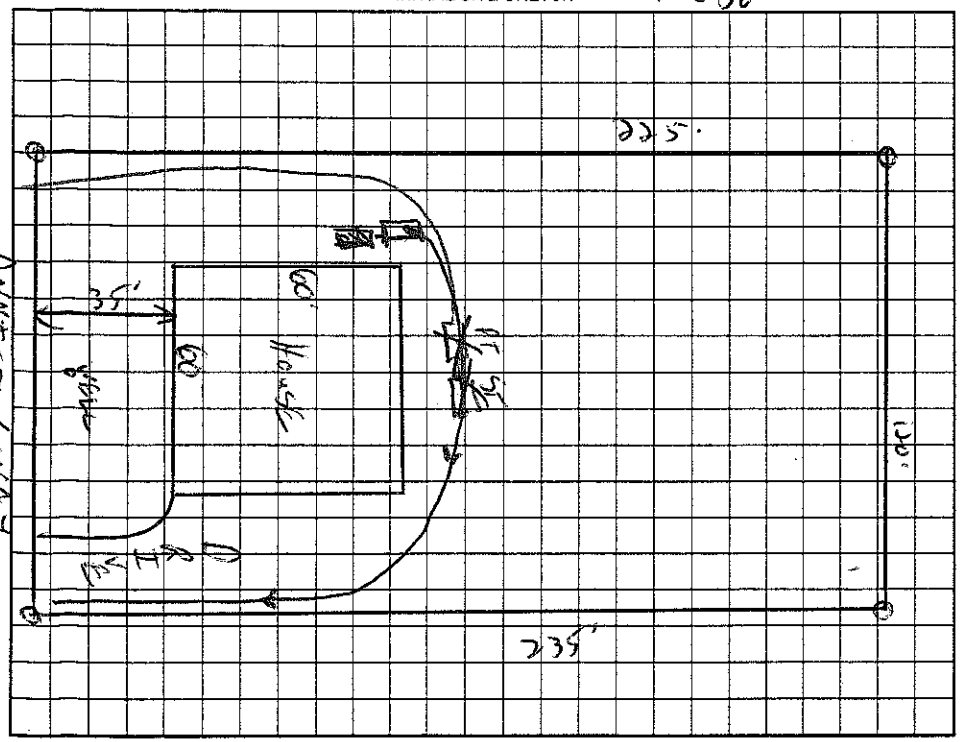
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees
☐ Other
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

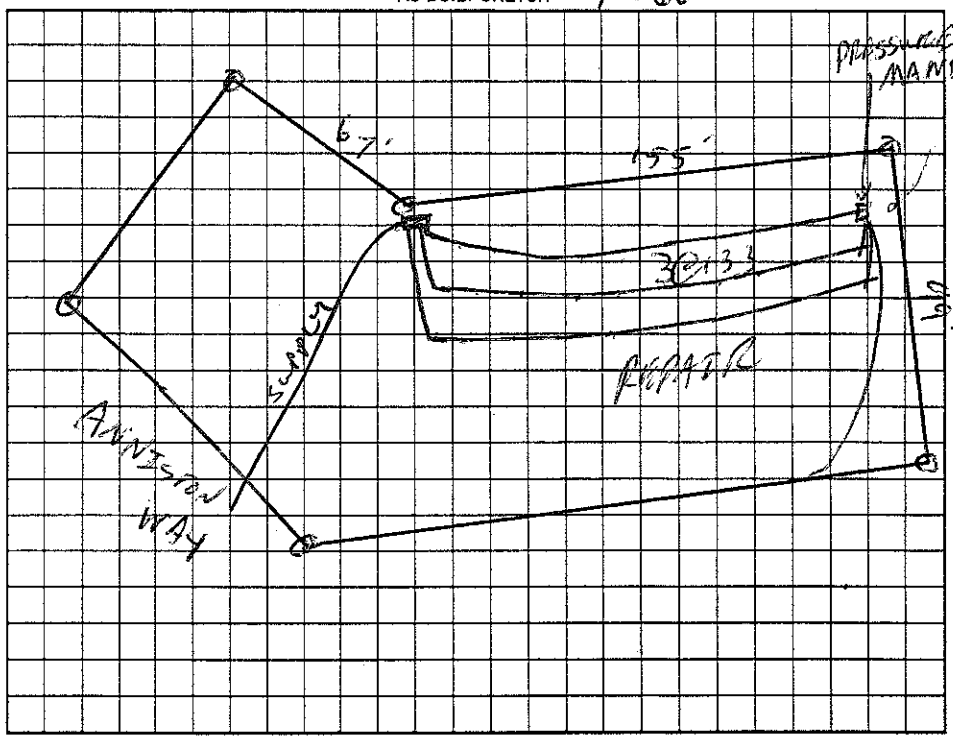
Comments:/Conditions: SEE MASTER PLAT FOR PUMP SUPPLY LINE LOCATIONS

Comments:/Conditions:

INITIAL SITE SKETCH 1" = 50'



AS BUILT SKETCH 1" = 60'



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 3/9/05

Improvement Permit by: [signature] RS date 3/3/05

Authorization to Construct by: [signature] RS date 3/3/05

Installed by: Marty Tucker

Operation Permit by: [signature] RS date 3/24/06

Existing System Inspection by: date

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