IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 123286 PIN# ~~4664670078.000~~ 4664575235.000 DATE 3/3/05

OWNER OR CONTRACTOR RIDGELINE DEV. / EDWARDS CONSTRUCTION PHONE: Business 704-753-5310 Home

ADDRESS 2419 HENRY BAUCOM RD MONROE NC 28110

LOCATION SPEARMANS RD (S) - TL - ANNESTON - TR LOGAN - TR ELIZABETH - LOT ON LT CORNER

SUBDIVISION ANNESTON BLOCK / SECTION 1 LOT 36 LOT AREA 1.728AC SITE CLASS LS DESIGN FLOW 480GPD L.T.A.R. .256GPD/FT²

Septic Tank: 1000 Gallons; STB 794 Date 8/24/05
Pump Tank: 1000 Gallons; PT 283 Date 8/22/05
Pump Make: Gould Model WE10H2H Serial No.
Nitrification Field: No Fields 1 Square Feet 1500 Linear Feet 500
No Lines 5@100' 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 OFFSITE 25% REDUCT
Repair System Description: LP PUMP 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

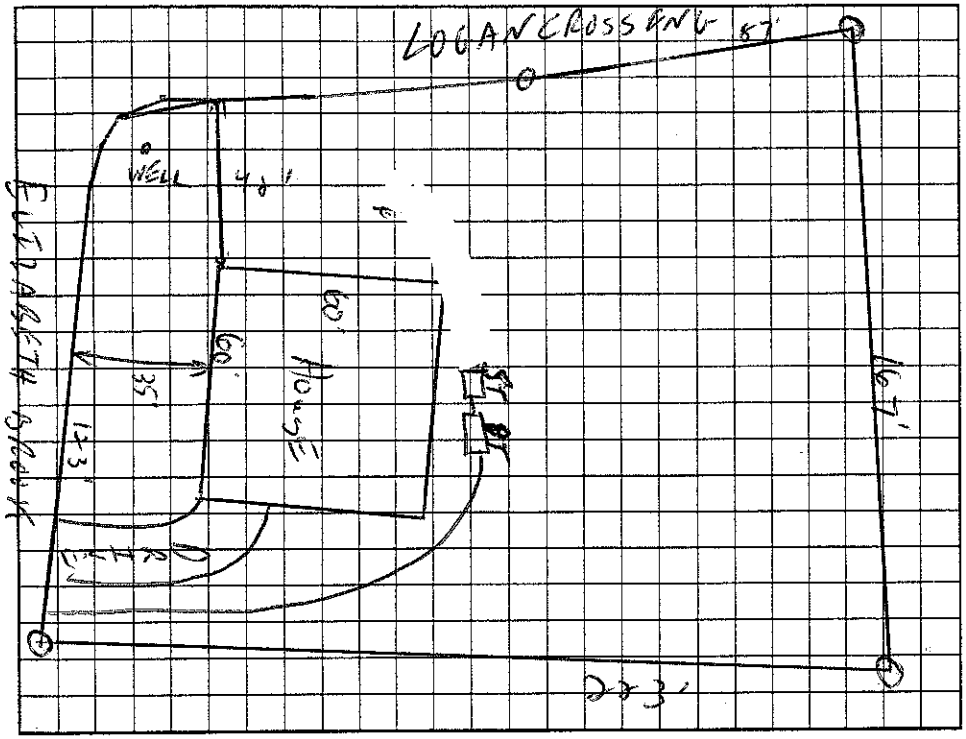
Water Supply: ☑ Individual ☐ Public ☐ Community

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

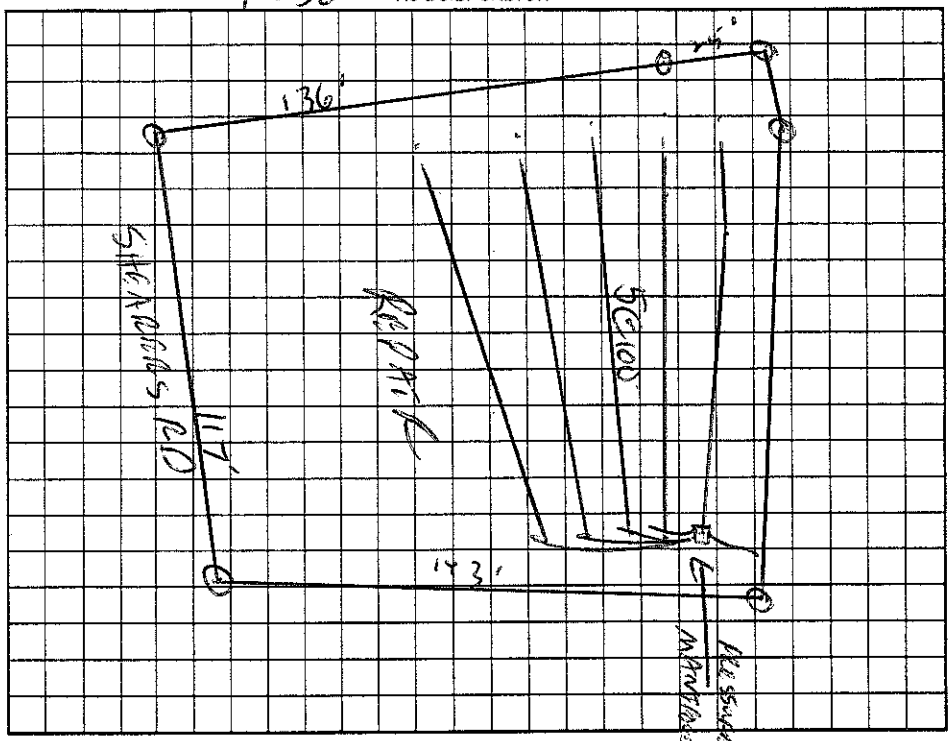
1"=50'

Comments:/Conditions:

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] VPH 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 12/12/05
Existing System Inspection by: date

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