IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 123254 PIN# 4664 670275.003 4664-57-9780 DATE 4/15/05

OWNER OR CONTRACTOR RIDGELINE DEVELOPMENT / Edwards Const. PHONE: Business 362-5007 Home

ADDRESS 17105 MEATON DRIVE SUITE 207-G CORNELIUS NC 28031

LOCATION SHEARERS RD (S) - TL ANNISTON - LOT ON RT - SEPTIC ON LEFT

SUBDIVISION ANNISTON BLOCK / SECTION 1 LOT 3 LOT AREA 1.04AC SITE CLASS PS DESIGN FLOW 480GPD L.T.A.R. .256PD/Ac

Septic Tank: 1000 Gallons; STB 794 Date 4-18-07
Pump Tank: 1000 Gallons; PT 283 Date 6-27-07
Pump Make: _____ Model ME0512HH Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1500 Linear Feet 500
No Lines 10 @ 50' Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: PUMP 25% REDUCTION LP PANEL
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ☑ No

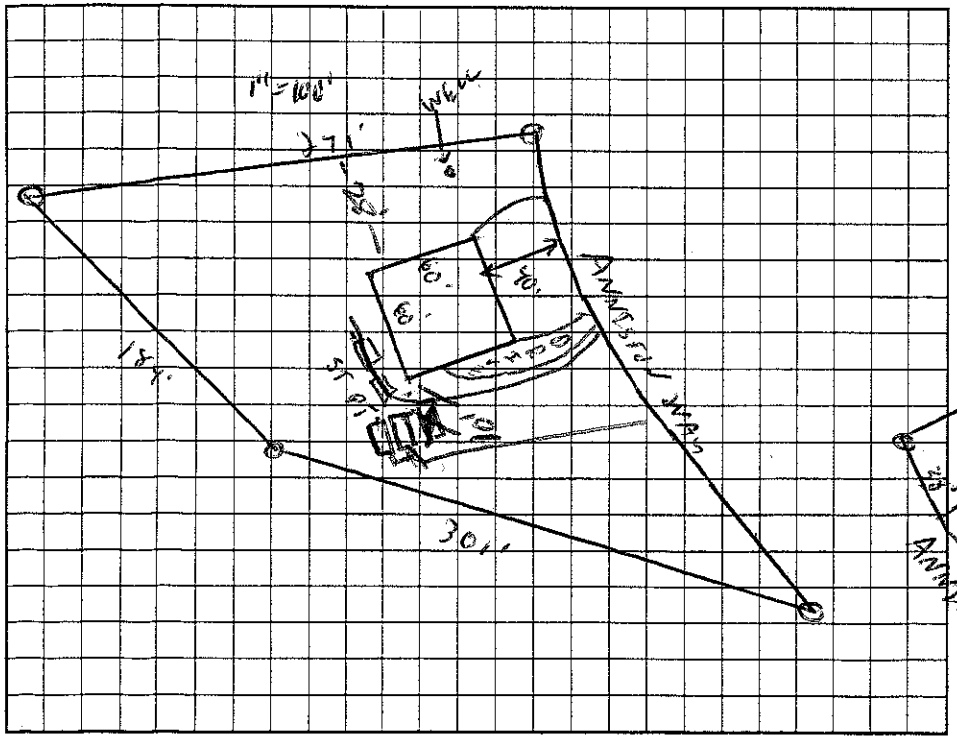
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

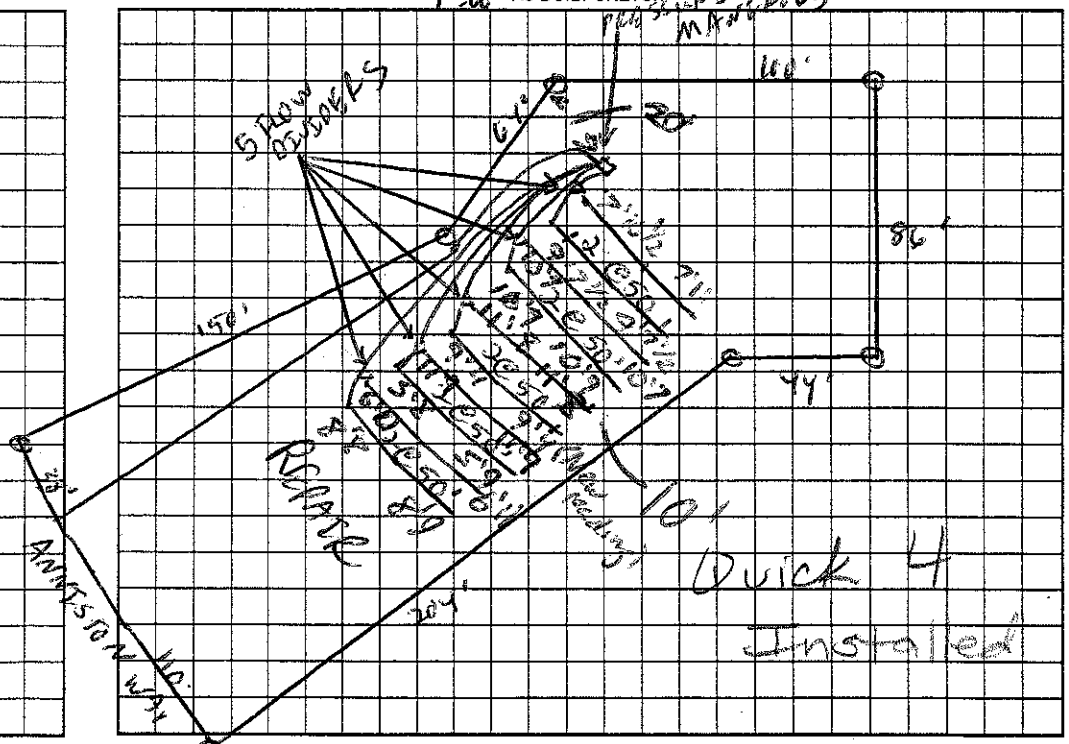
Comments/Conditions: SEE MAP FOR SUPPLY LINE LOCATIONS
Red Poly Inlet Filter installed

Comments/Conditions: 10/22/07 PRESSURE checked
7/20/07 lines, Tank & PM checked
OFFSITE

INITIAL SITE SKETCH



1"=60' 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: _____ date 5-17-05 Installed by: Tucker's Hauling & Grading

Improvement Permit by: _____ date 4/15/05 Operation Permit by: _____ date 11/8/07

Authorization to Construct by: _____ date 4-21-06 Existing System Inspection by: _____ date _____

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