4679453680

IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. ~~06 5908~~ 065908 DATE 4-29-97 TAX MAP NO. 4679453680 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR DONALD SCOTT EDWARDS PHONE: Business _____ Home _____

ADDRESS 175 EDWARDS FARM LN - MT ULLA NC 28125

LOCATION 115N TO MAZEPPA RD, TL EDWARDS FARM LN - AT END

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA ~1.1 AC SITE CLASS. RS DESIGN FLOW 360 L.T.A.R. —

Septic Tank: EXIST Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 3@100' Trench Width — Max Trench Bottom Depth — Gravel Depth _____

☐ ~~New System~~ ☐ Repair System Type: I, II, III, IV, V, VI

System Description: GRAVITY CONVENTIONAL

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☒ ~~House/Mod. Home~~ No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☒ Other _____

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

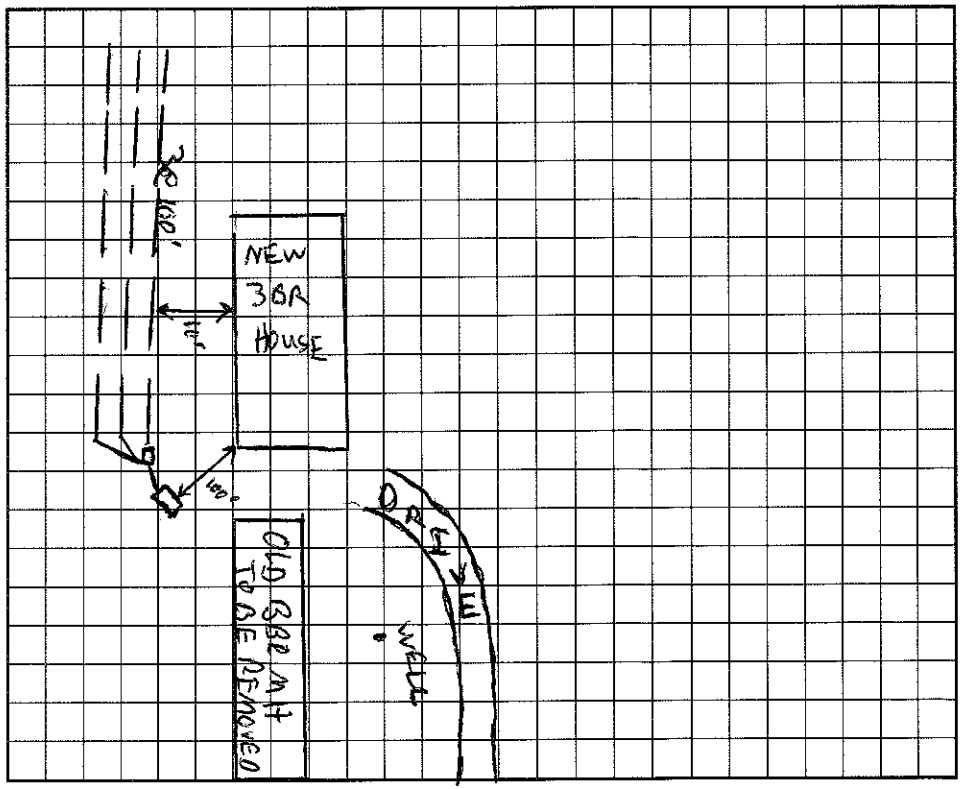
Water Supply: ☒ ~~Individual~~ ☐ Community ☐ Public

Comments:

Comments: KEEP HOUSE 10' FROM SYSTEM.

INITIAL SITE SKETCH

AS BUILT SKETCH



I understand that this 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 is valid for 60 months from date of issuance.

Signed: Donald S. Edwards

Improvement Permit by: _____ date _____

Existing System Inspection by: [signature] date 4/29/97

Installed by: _____

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date _____

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