IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# Repair PIN# 4725-75-2173 DATE 6/25/04

OWNER OR CONTRACTOR Anthony E. Edwards + Earlene Birchfield PHONE: Business 704-902-5465 (Earl) Home (704) 872-0604

ADDRESS 234 Ashley Acres Statesville N.C. 28677

LOCATION Hwy 90 west (R) Montrello Drive (On Cecil Drive, Septic System @ end of Cecil Drive

SUBDIVISION Montrello Trailer BLOCK/SECTION — LOT — LOT AREA — SITE CLASS. PS DESIGN FLOW — L.T.A.R. Existing

Septic Tank: Existing Gallons; STB — Date —
Pump Tank: — Gallons; PT — Date —
Pump Make: — Model — Serial No. —
Nitrification Field: No Fields 1 Square Feet — Linear Feet 240
No Lines 2 @ 120' Trench Width 36" Max Trench Bottom Depth — Gravel Depth 18"

☐ New System ☒ Repair System Type: I, (II), III, IV, V, VI
System Description: —
Repair System Description: Gravity, Conventional
Maintenance Agreement Required: ☐ Yes ☒ No

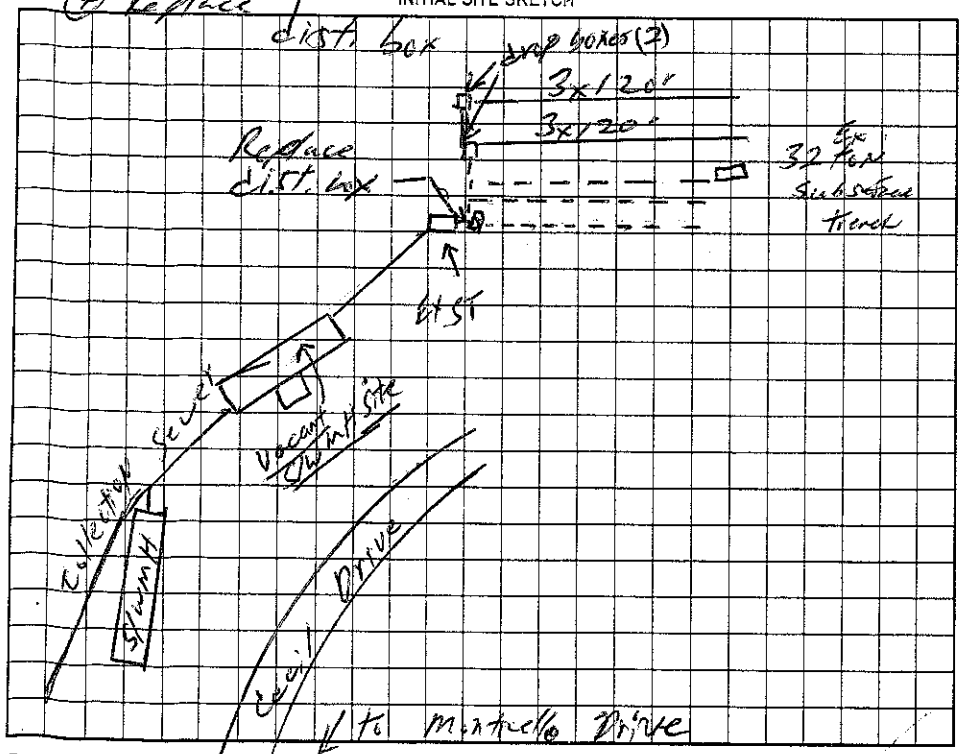
☒ House/Mod. Home (3 BR) No. Bedrooms 9
☐ Mobile Home No. Bathrooms —
☐ Business No. Employees —
☐ Other —

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

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: (1) Pump out Septic Tank - Replace Tank if needed. (2) Add 2 - New lines w/18" gravel, Add 2 - drop boxes (3) This permit serves as N.O.V. Septic System must be repaired by 7-26-04. (4) Replace dist box

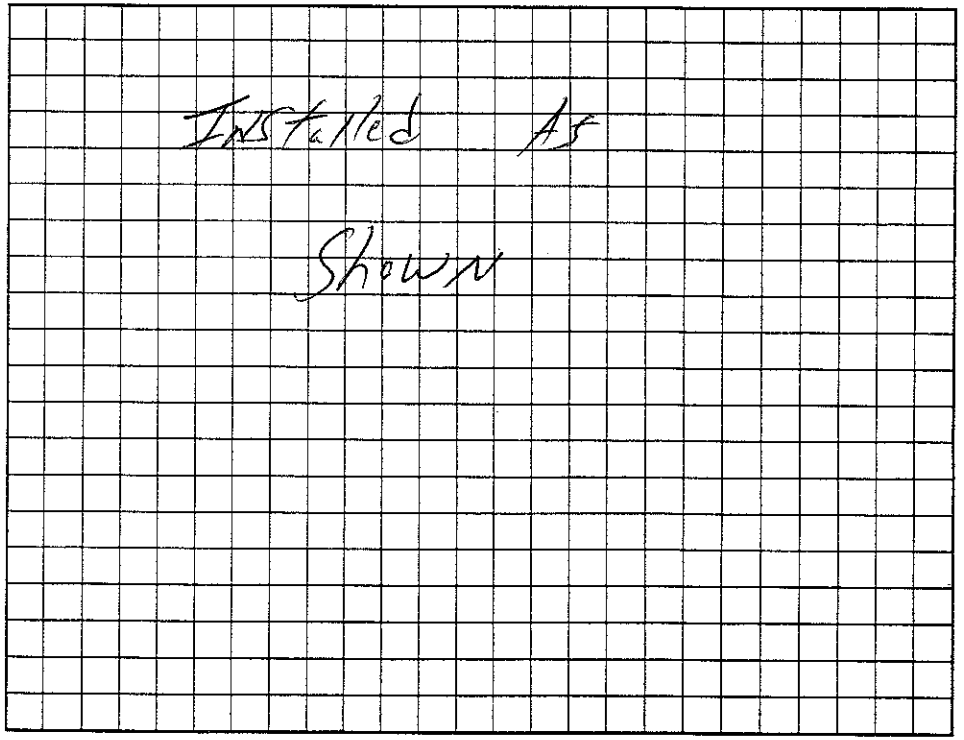
INITIAL SITE SKETCH



Comments/Conditions: Replace Septic Tank & S.T.; Added S.T risers

Ref! Paul Holland 6/18/58 + Cecil Edwards 5/20/83

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: Cathleen S. Edwards date 6/25/04 Installed by: Michael Ladd

Improvement Permit by: William O. Johnson date 6/25/04 Operation Permit by: William O. Johnson date 7/13/04

Authorization to Construct by: William O. Johnson date 6/25/04 Existing System Inspection by: — date —

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