IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 09793 PIN# 4760761662 DATE 2-15-2002

OWNER OR CONTRACTOR Rex Edmonds PHONE: Business Home 528-3432

ADDRESS 154 Strawberry Hill Ln Cleveland NC 27013

LOCATION Shinnville TC Brawley TR Strawberry Hill near end

SUBDIVISION BLOCK / SECTION LOT LOT AREA SITE CLASS. PSJ DESIGN FLOW 170gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1007 Date 1-11-2002 ☒ New System ☐ Repair System Type: I, II, III, IV, V, VI

Pump Tank: Gallons; PT Date System Description: Gravity-Conventional

Pump Make: Model Serial No. Repair System Description:

Nitrification Field: No Fields 1 Square Feet 540' Linear Feet 180 Maintenance Agreement Required: ☐ Yes ☐ No

No Lines 2@ 90' ea Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12" ☒ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☐ House/Mod. Home No. Bedrooms

☐ Mobile Home No. Bathrooms

☐ Business No. Employees

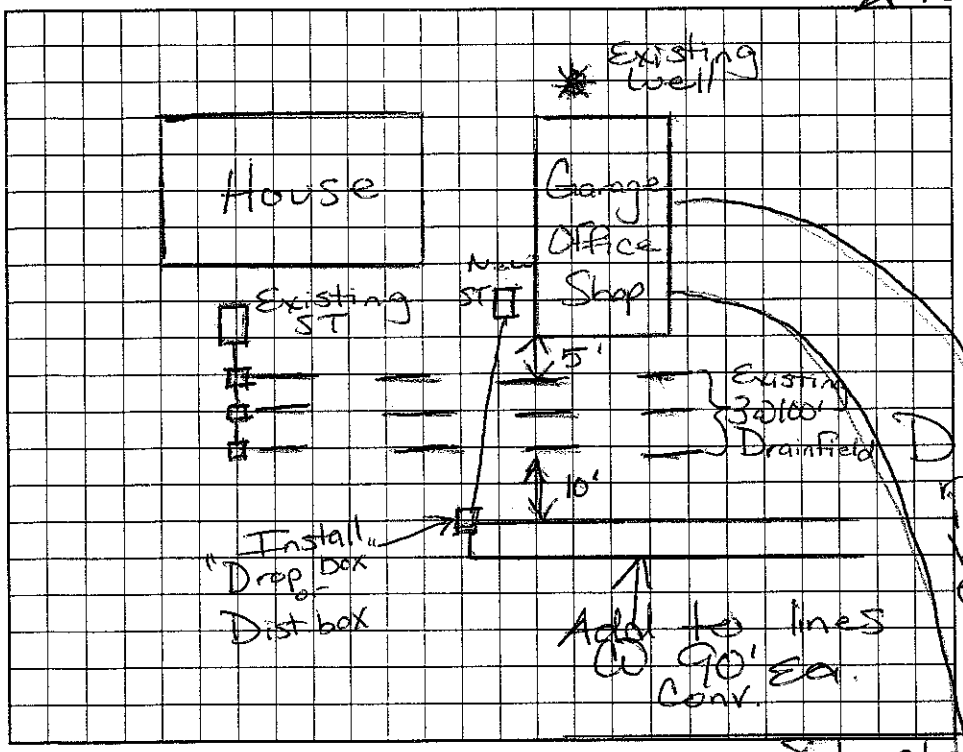
☒ Other Shop

Water Supply: ☒ Individual ☐ Public ☐ Community

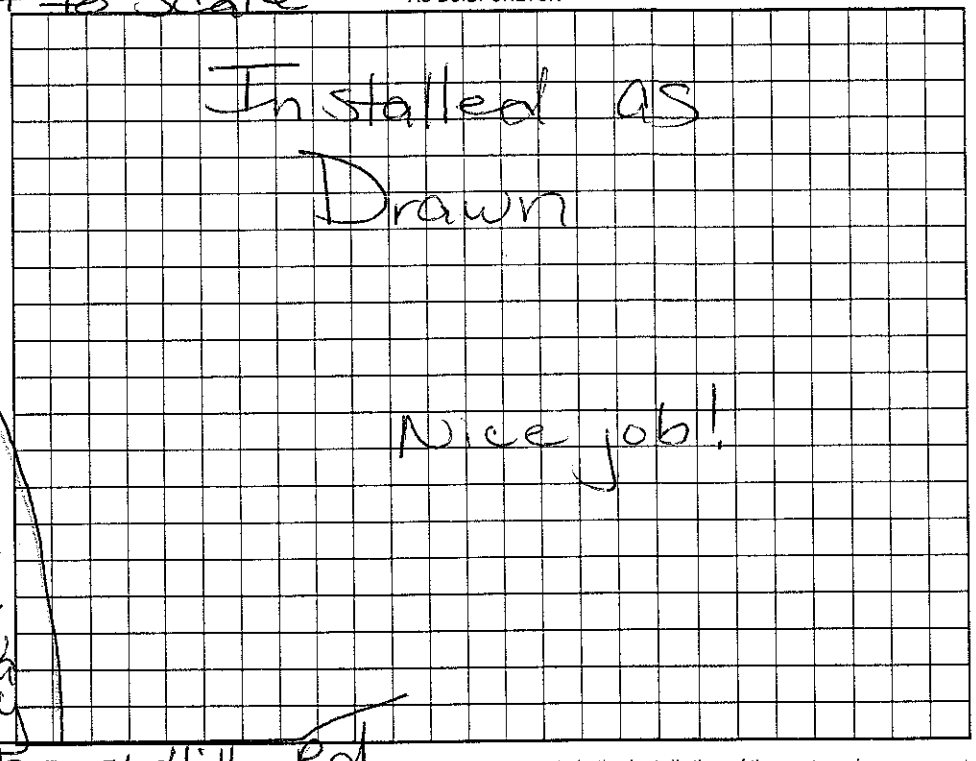
Comments:/Conditions: Install New Septic tank for Shop. Solid pipe over Existing Drainfield to get to new Drainfield

Comments:/Conditions: ☒ Must keep Septic System at least 50' from well

INITIAL SITE SKETCH ☒ Not to Scale



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] date Installed by: Shane Hill

Improvement Permit by: Maina M. Dotson RS date 2/15/2002 Operation Permit by: Maina M. Dotson RS date 2/19/2002

Authorization to Construct by: Maina M. Dotson RS date 2/15/2002 Existing System Inspection by: date

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