# IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 CJ IV..

## IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXIST...

PERMIT# 102887 PIN# 3785-69-7469 DATE ...

OWNER OR CONTRACTOR Heathwood Homes PHONE Business — Home (704) 872-0179

ADDRESS 1270 North side Drive Statesville N.C. 28625

LOCATION Old mfg Road N. on County Line Road on Left past Jordan Crest Lane

SUBDIVISION Victoria's Landmark BLOCK SECTION — LOT 3 LOT AREA .52Ac. SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .35gpd/ft²

Septic Tank: 1000 Gallons: STB 1012 Date 4-28-02

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No ____

Nitrification Field: No Fields 1 Square Feet 1029 Linear Feet 343

No Lines 5@70 Trench Width 36" Max Trench Bottom Depth 32"

[X] New System [ ] Repair System Type: I (II) III IV V VI

System Description: Grouty, Conventional

Repair System Description: Pump/Conv. w/25% Reduction

Maintenance Agreement Required: [ ] Yes [ ] No

Gravel Depth 12"

[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

[ ] House/Mod. Home [X] Mobile Home [ ] Business [ ] Other

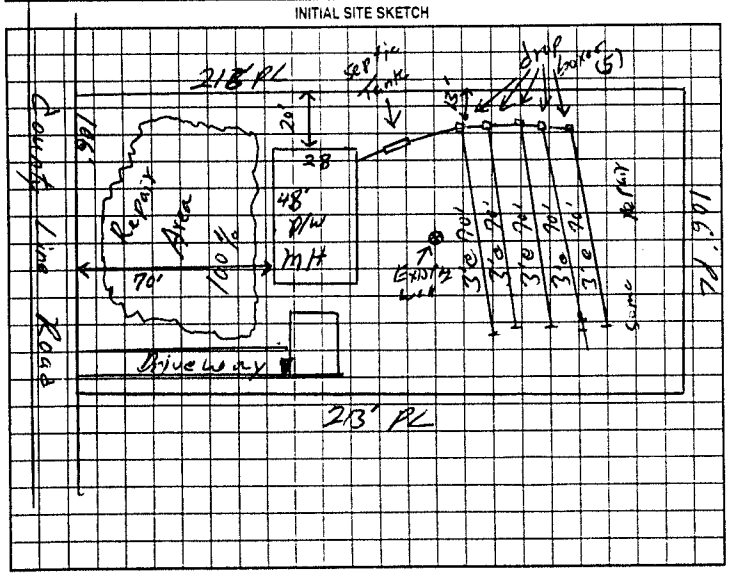
No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

Water Supply: [ ] Individual [X] Public [ ] Community

Comments/Conditions: (1) Existing well must be ~~abandoned~~ abandoned by certified well operator + copy provided to Health Dept (2) Install lines on contour (3) maintain proper setbacks

Comments/Conditions: - Tuff-Tite filter Installed

INITIAL SITE SKETCH




AS BUILT SKETCH

Installed As Shown Per Initial Site 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 Craig Thompson

Improvement Permit by: William O. Johnson date 8/16/02 Operation Permit by: William O. Johnson R.S. date 9/11/02

Authorization to Construct by: William O. Johnson date 8/16/02 Existing System Inspection by: ____ date ____

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