# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 103386 PIN# 4620 99 4517 DATE 4/7/05

OWNER OR CONTRACTOR Heritage Homes of the Carolinas, Inc PHONE: Business _____ Home _____

ADDRESS PO Box 3333 Mooresville NC 28117

LOCATION BSR TR Blume TL Beaton Park, at end

SUBDIVISION Shavendees Bluff BLOCK / SECTION 1 LOT 72 LOT AREA 1.844c SITE CLASS. PS DESIGN FLOW 600 L.T.A.R. 0.3

Septic Tank: ~~Concrete~~ 1000 Gallons; STB 338 350 Date 1 11/04

Pump Tank: 1500 Gallons; PT 477 Date 2/22/06

Pump Make: ZOELLER Model N140 Serial No. _____

Nitrification Field: No Fields 1 Square Feet 796 Linear Feet 332'

No Lines 4@83' Trench Width 24" or 36" Max Trench Bottom Depth 36" Gravel Depth —

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

System Description: LP Pond Block

Repair System Description: Same

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 5

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

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

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: 850c 950c

1"=50'

Comments:/Conditions:

INITIAL SITE SKETCH

100' DUKE POWER EASEMENT

Repair Area

83'

Beaton Park

AS BUILT SKETCH

70'

70'

Well

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 5/3/05 Installed by: Piedmont Septic Tank

Improvement Permit by: _____ RS date 4/7/05 Operation Permit by: Wesley Sparks RS date 7/17/06

Authorization to Construct by: _____ RS date 4/7/05 Existing System Inspection by: _____ date _____

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

329-320-2078