# IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 50.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 107 348 PIN# ~~4627-90-7412.306~~ 4626 996894 DATE 9/28/04

OWNER OR CONTRACTOR Heritage Homes PHONE: Business _____ Home _____

ADDRESS PO Box 3333 Mooresville NC 28117

LOCATION BSR, TR, Blume, TL Beaten Path, TL Cicero, TL Shavenders, TL Palmer Marsh on Rt

SUBDIVISION Shavenders Bluff BLOCK / SECTION 3 LOT 306 LOT AREA 42,853 Ft² SITE CLASS. RS DESIGN FLOW 360 L.T.A.R. 0.25

Septic Tank: 1000 Gallons; STB 312 Date 6/22/05
Pump Tank: 1000 Gallons; PT 27 Date 6/22/05
Pump Make: Lift-A-Gisnal Model 1/3 hp Serial No. _____
Nitrification Field: No Fields 1 Square Feet 720 Linear Feet 240
No Lines 6@40' Trench Width 24" 8FOC Max Trench Bottom Depth 36" OR 9FOC Gravel Depth —

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: PM. Panel Block
Repair System Description: LP Panel Block
Maintenance Agreement Required: ☐ Yes ☒ No

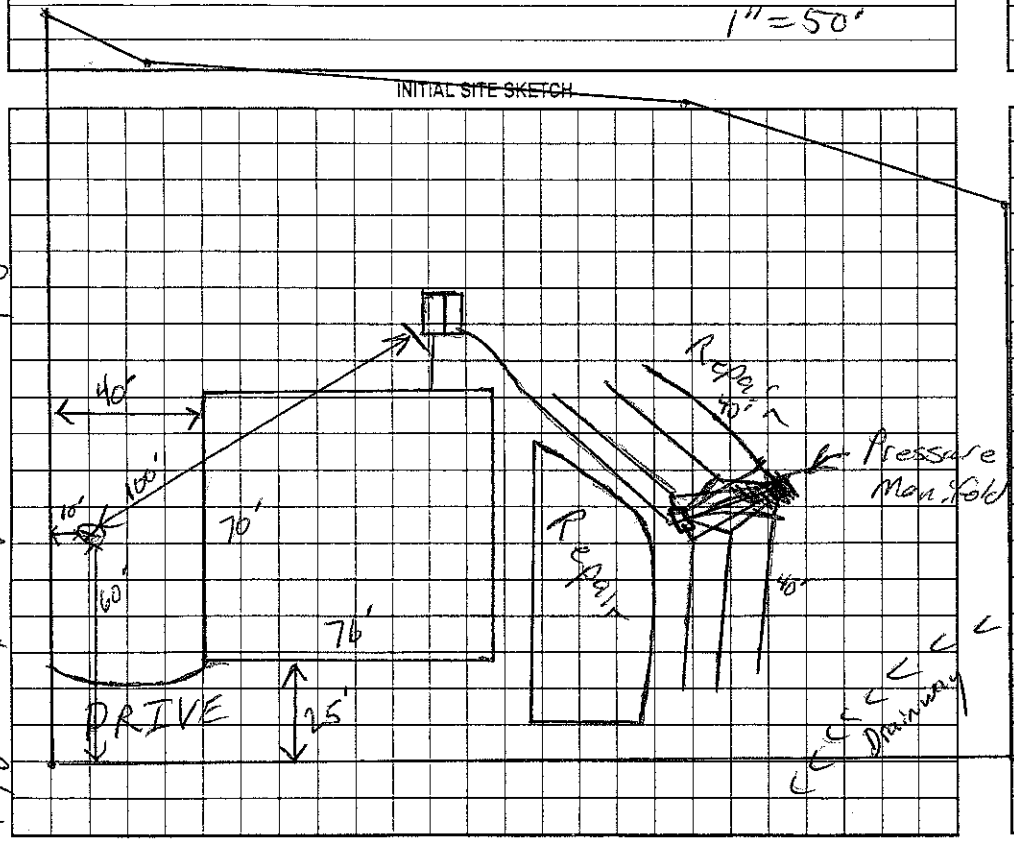
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: 36" OR 9FOC

Comments:/Conditions:

INITIAL SITE SKETCH




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: _____ date 10-1-04 Installed by: Specialty Septic

Improvement Permit by: _____ RS date 9/28/04 Operation Permit by: _____ RS date 5/16/05

Authorization to Construct by: _____ RS date 9/28/04 Existing System Inspection by: _____ date _____

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