# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 20365 PIN# 4628976069 4628-97-8029 DATE 10-13-04

OWNER OR CONTRACTOR Heritage Homes PHONE: Business 980 722-7370 Home 663-2710

ADDRESS P.O. Box 3393 Mooresville, NC 28117

LOCATION Perth Rd TL Fern Hill on Right just past junction w/ Fern Haven Ln

SUBDIVISION Fern View BLOCK / SECTION ____ LOT 2 LOT AREA .74 Acre SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 338 Date ____

Pump Tank: 1000 Gallons; PT 338 Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'

No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Pump - 25% Reduction

Repair System Description: Pump - Panel Block

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3.5

☐ Business No. Employees ____

☐ Other ____

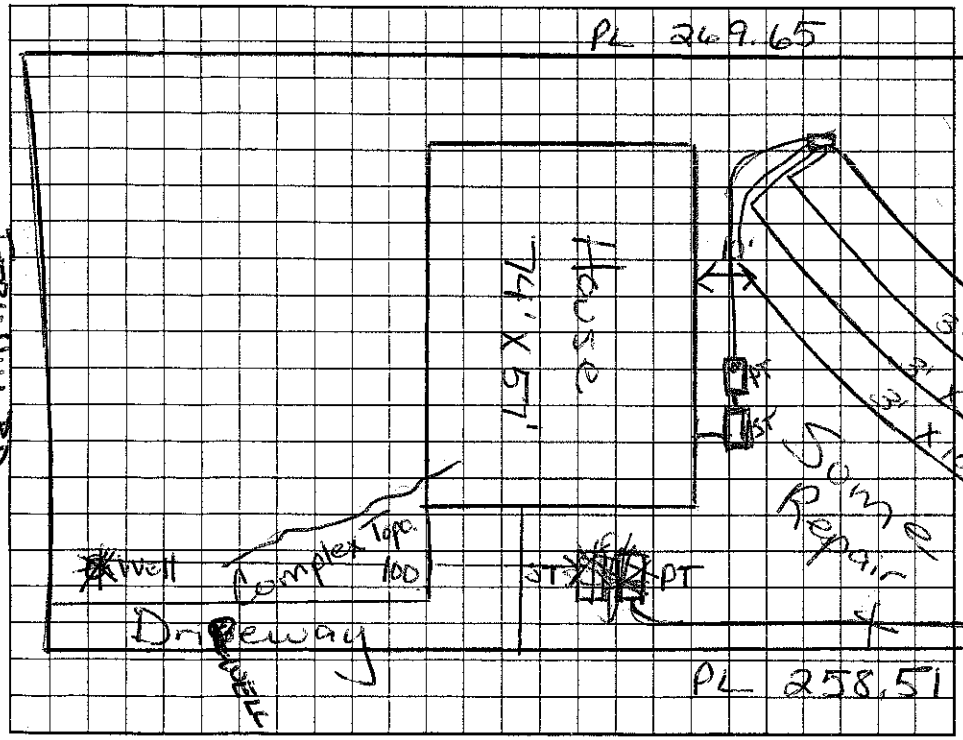
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

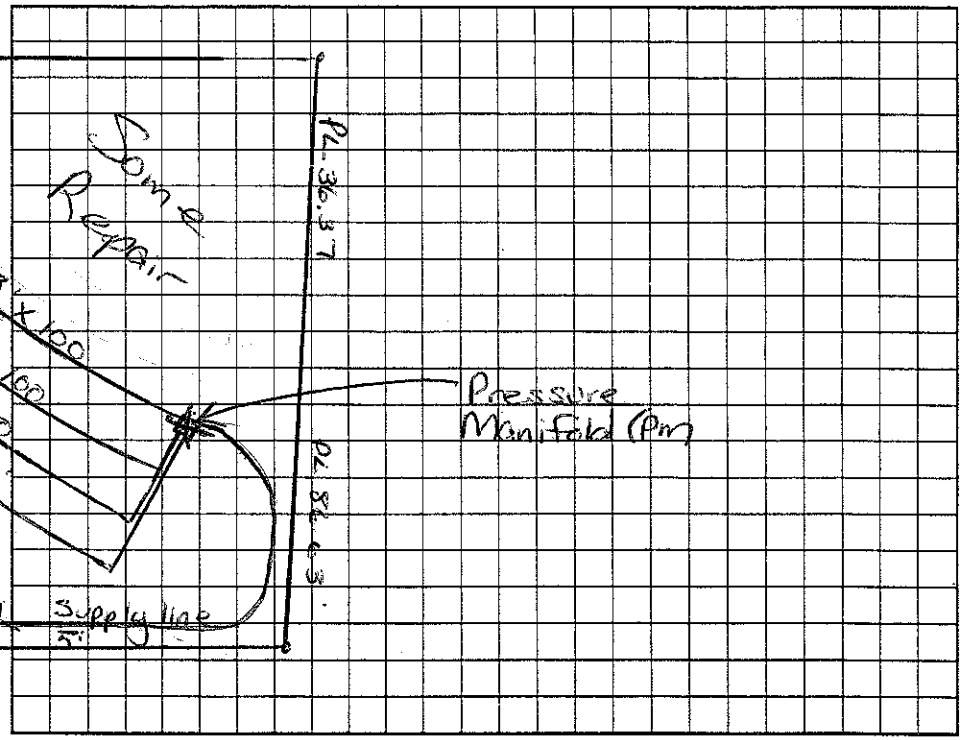
Comments:/Conditions: Must keep Septic System 100' from any well. Keep Septic System 10' from PL; Supply line 5' to PL.

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: Wade Faulk date 10/25/04 Installed by: Piedmont Septic Tank

Improvement Permit by: Regina H. Dobson RS date 10/13/04 Operation Permit by: Wesley Sparks RS date 5/8/05

Authorization to Construct by: Regina H. Dobson RS date 10/20/04 Existing System Inspection by: ____ date ____

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