IREDELL COUNTY HEALTH DEPARTMENT

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

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

130.00 Paid

PERMIT# 120364 PIN# 4628-97-6069.1 8243 4628-97-8243 DATE July 15, 2004

OWNER OR CONTRACTOR Miller-McCormick Investments / HERITAGE HOMES PHONE: Business _____ Home _____

ADDRESS 116 Creeky Hollow Dr. Mooresville, N.C. 28117

LOCATION North Road N. TL Fern Hill on Right at jct. w/ Fern Haven Lane

SUBDIVISION Fern View BLOCK / SECTION _____ LOT 1 LOT AREA .87 Ac SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .25-.3

Septic Tank: 1000 Gallons; STB 312 Date 9/30/05
Pump Tank: 1000 Gallons; PT 283 Date 10/26/05
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1260 Linear Feet 420
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: PM 25% Reduction
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☑ No

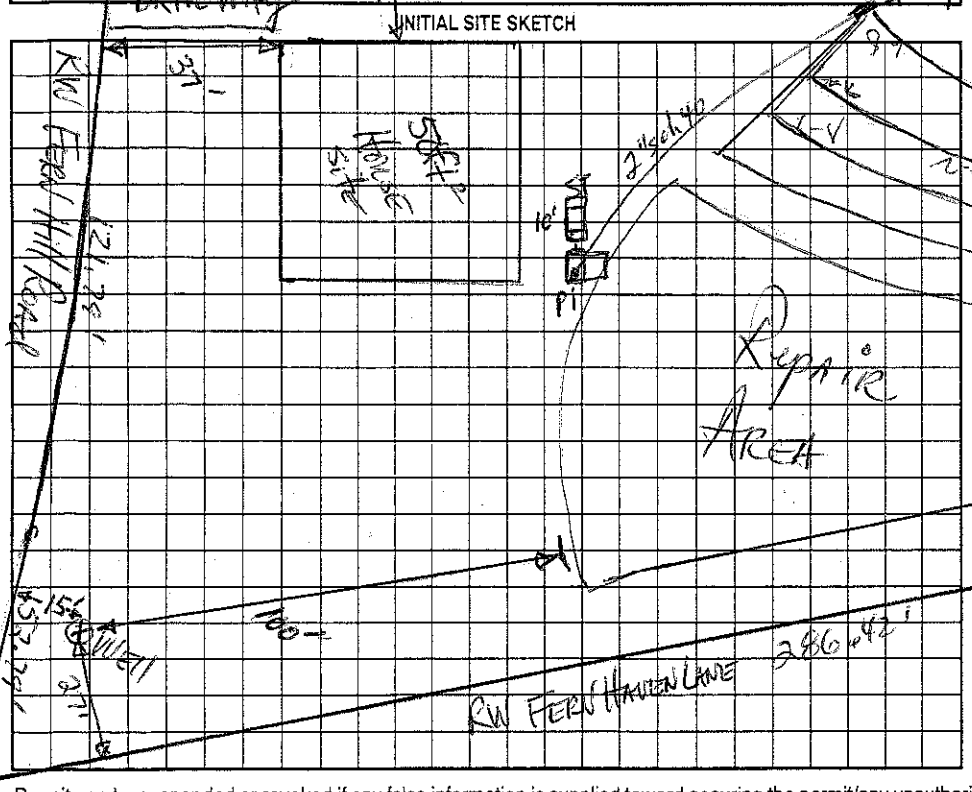
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees _____
☐ Other _____

Water Supply: ☐ Individual ☐ Public ☐ Community

Gravel Depth N/A ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

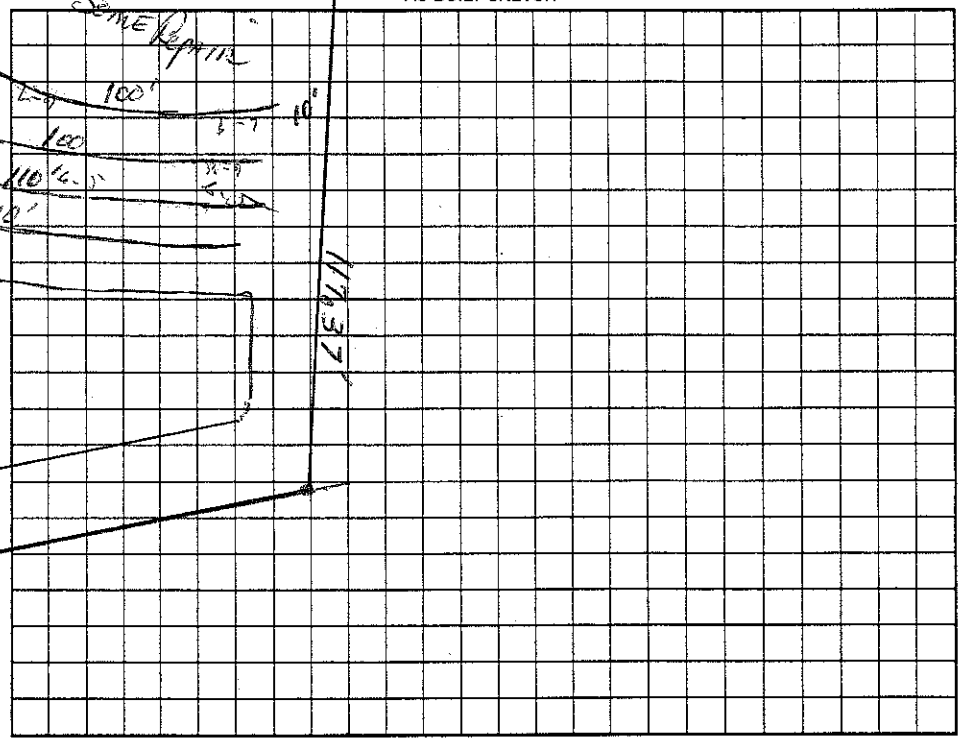
Comments:/Conditions:
1" = 40'
25% = 51'
DRIVEWAY
17'

INITIAL SITE SKETCH



Comments:/Conditions:
Tanks, Top 3 lines - 11/4/05

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 7-16-04 Installed by: Piedmont Septic Contr.

Improvement Permit by: _____ date 7-15-04 Operation Permit by: Wesley Sparks RS. date 4/3/06

Authorization to Construct by: Wesley Sparks RS date 9/13/04 Existing System Inspection by: _____ date _____

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