IREDELL COUNTY HEALTH DEPARTMENT

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

155.00 Paid

1130-21.05 Coverage 2025.045

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

PERMIT# 075210/116388 PIN# ~~4636-36-1807-PF~~ 4636-24-9974 Terry DATE 9/29/03

OWNER OR CONTRACTOR Atkinson Custom Homes PHONE: Business (704) 506-9874 Home ~~4635-29-9741~~

ADDRESS 490 River Ridge Ln Lexington, NC 27295

LOCATION Brawley School Rd TL Isle of Pines TL Lake Hills Drive 2nd lot on left

SUBDIVISION Lake Hills Est BLOCK / SECTION ____ LOT 2 LOT AREA .71 Acre SITE CLASS. PS DESIGN FLOW 450gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 12-21-03

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 4 Square Feet 1200' Linear Feet 400'

No Lines 3@133' 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: Gravity - 25% Reduction

Repair System Description: Pumped Innovative

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

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

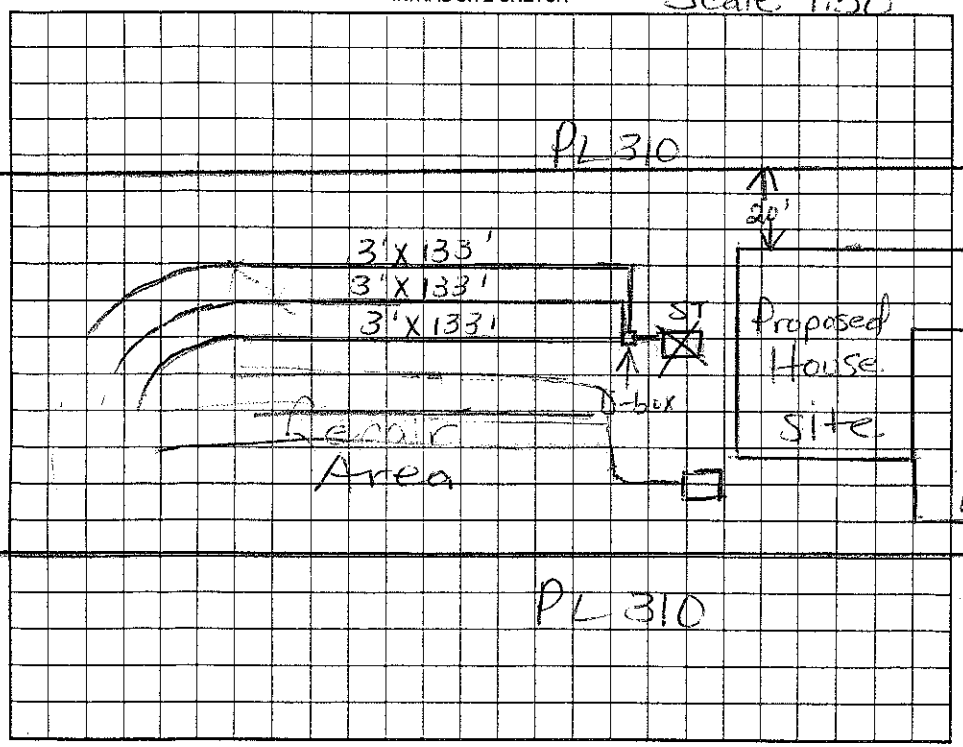
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: Keep Septic System at least 10' From PL & 100' to well

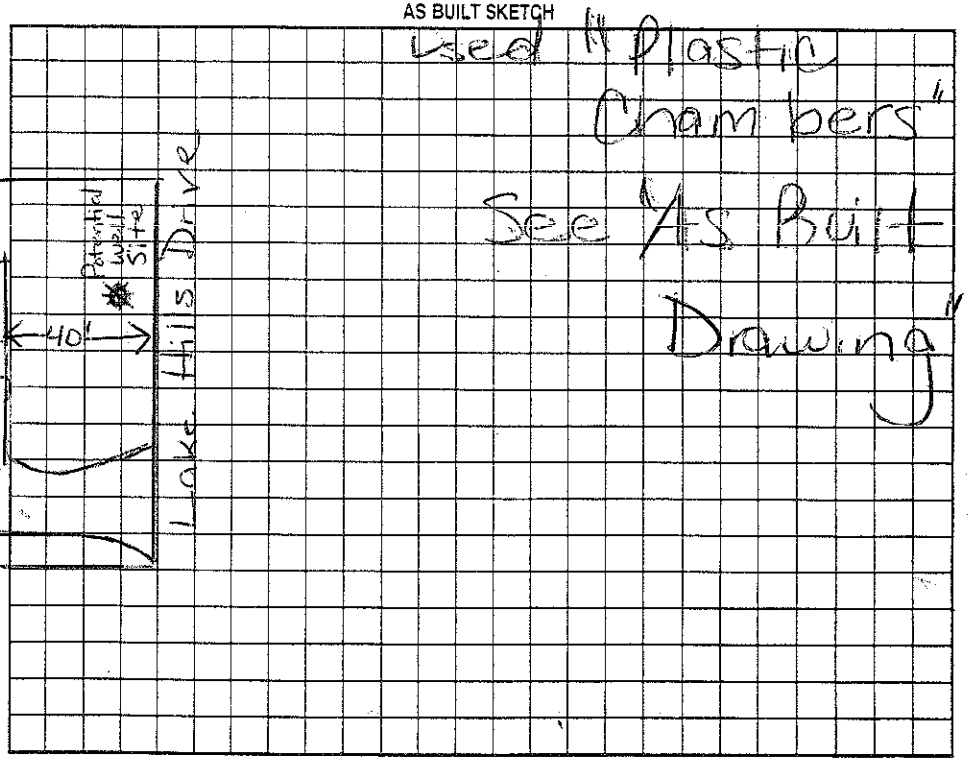
*Note: Okay to install drainfield in 4-100' lines

Comments/Conditions: Installed 4 lines w/ drop boxes

INITIAL SITE SKETCH Scale 1:50



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 10/1/03 Installed by: Rowan Septics

Improvement Permit by: Maria H. Dalton R.S. date 9/29/03 Operation Permit by: Maria H. Dalton date 3/9/04

Authorization to Construct by: Maria H. Dalton R.S. date 9/29/03 Existing System Inspection by: _____ date _____

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

IREDELL COUNTY HEALTH DEPARTMENT

*As Built

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

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

PERMIT# 075210 PIN# 4636307807 PT DATE 3-9-04

OWNER OR CONTRACTOR Atkinson Custom Homes PHONE: Business _____ Home _____

ADDRESS _____

LOCATION _____

SUBDIVISION Lake Hills Est BLOCK / SECTION _____ LOT 2 LOT AREA .71 Acre SITE CLASS. RS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 12-21-03
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400'
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

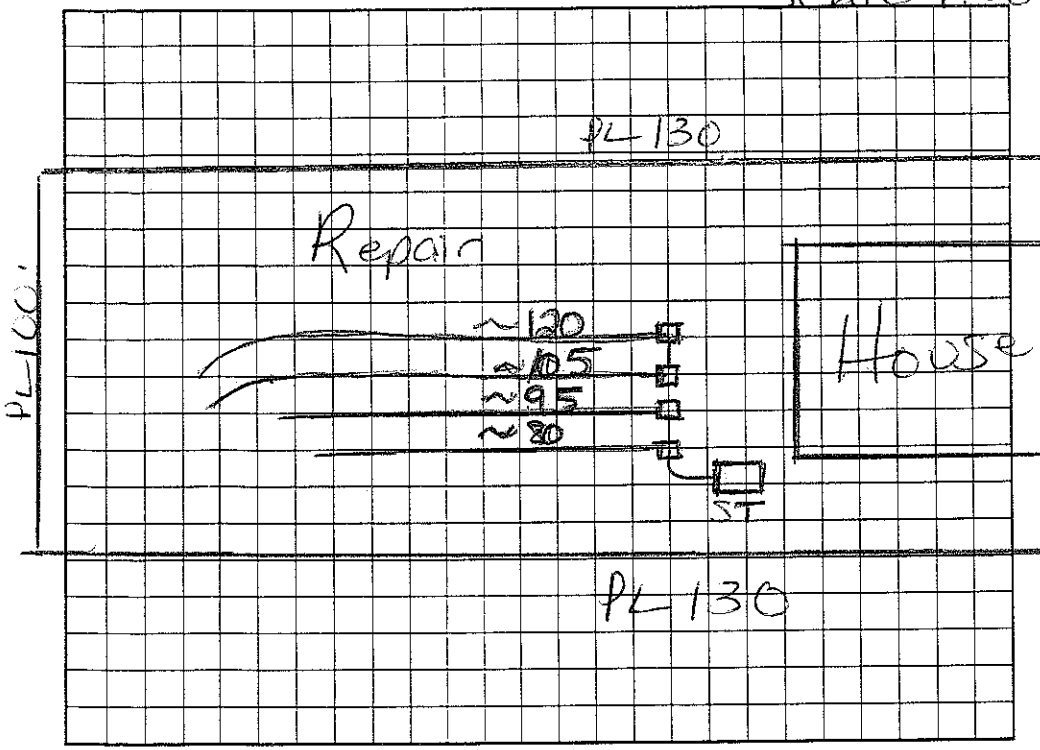
☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Graviter - 25% Reduction
Repair System Description: Pumped - 25% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No
☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Bathrooms 2 No. Employees _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

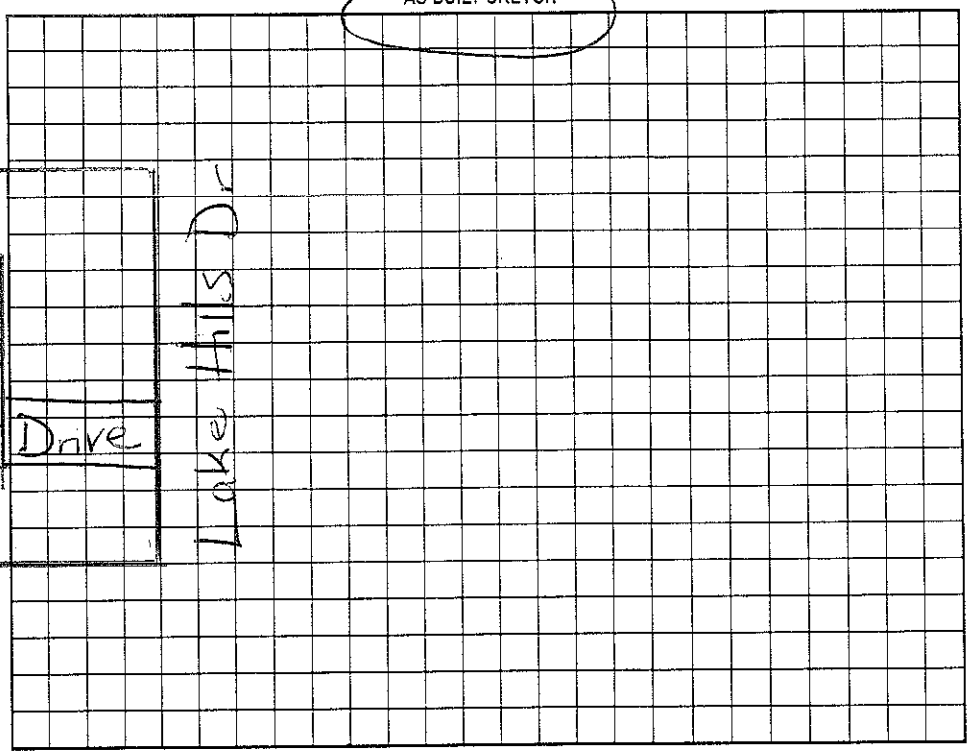
Comments:/Conditions:

Comments:/Conditions: Used Plastic Chambers For Drainfield with Drop boxes

INITIAL SITE SKETCH Scale 1:50



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 _____

Improvement Permit by: _____ date _____

Authorization to Construct by: _____ date _____

Installed by: Rowan Septic

Operation Permit by: Maria H Dotson RS date 3/9/04

Existing System Inspection by: _____ date _____

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