IREDELL COUNTY HEALTH DEPARTMENT

Robert Abney 130

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

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

PERMIT# 119303 PIN# 4636-95-4056.027 4636954798 DATE 3/30/04

OWNER OR CONTRACTOR Heritage Homes of the Carolinas Inc. PHONE: Business 704-663-2710 Home

ADDRESS PO Box 3333 Mooresville NC 28117

LOCATION BSR, TL Canvasback, TL Mandarin, 5th on Lt.

SUBDIVISION Woodland Hills BLOCK / SECTION 10 LOT 27 LOT AREA 0.72 Ac SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.25

Septic Tank: 1000 Gallons; STB 350 Date 11/15/04
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480
No Lines 5 @ 96' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: Gravity 25% Reduc.
Repair System Description: Panel Block
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Bathrooms 3 No. Employees ____

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

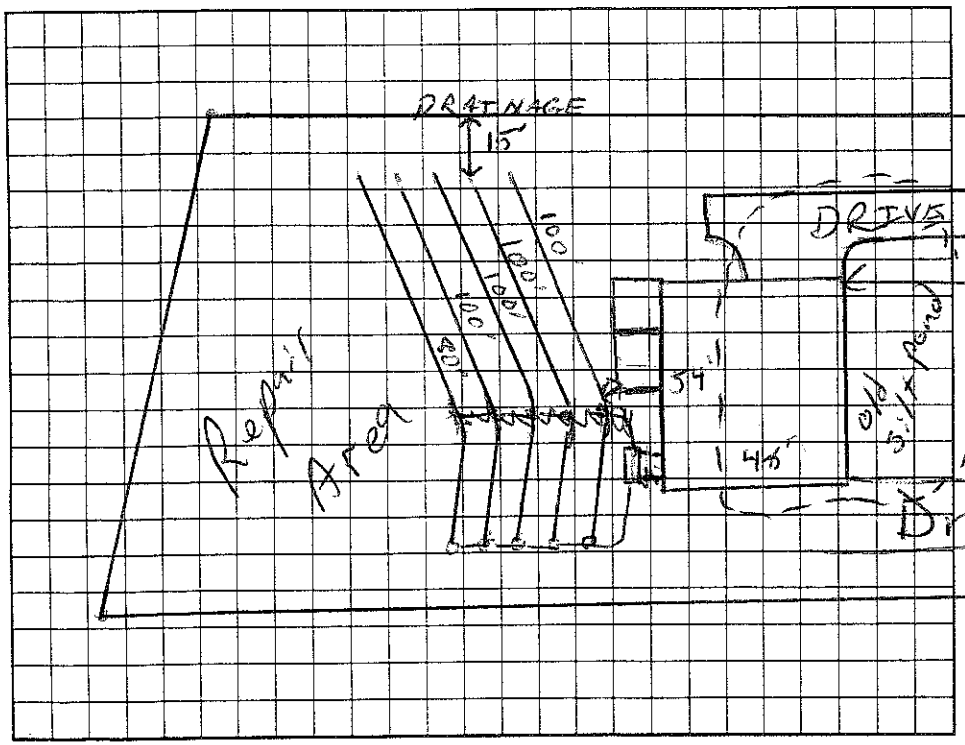
Water Supply: ☐ Individual ☐ Public ☒ Community

Comments:/Conditions:

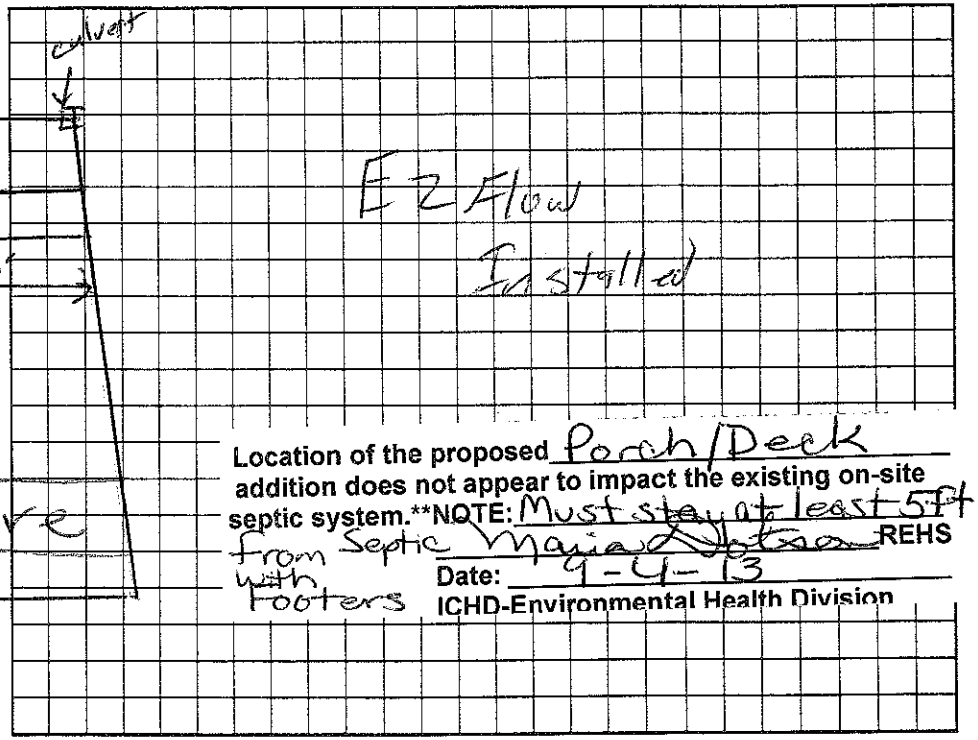
1" = 50'

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH



Location of the proposed Porch/Deck addition does not appear to impact the existing on-site septic system.**NOTE: Must stay at least 5ft from Septic Main and Notice with Footers

REHS

Date: 9-4-13

ICHD-Environmental Health Division

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: [signature] date 4-27-04 Installed by: Piedmont Septic

Improvement Permit by: [signature] RS date 3/30/04 Operation Permit by: [signature] RS date 11/27/05

Authorization to Construct by: [signature] RS date 3/30/04 Existing System Inspection by: ____ date ____

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