IREDELL COUNTY HEALTH DEPARTMENT

STATESV 4-878-5305 130.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 12-697 PIN# ~~4665 30 3395 047~~ 4664-39-8811 DATE 12/05/05

OWNER OR CONTRACTOR HUNTINGTON RIDGE LLC @ Spear Bldrs. PHONE: Business _____ Home _____

ADDRESS 255 ROLLING HILLS RD MOORESVILLE NC 28117

LOCATION SHEARERS RD - TR HUNTINGTON RIDGE - ON LT

SUBDIVISION HUNTINGTON RIDGE BLOCK / SECTION 1 LOT 14 LOT AREA 3.37 AC SITE CLASS. #5 DESIGN FLOW 450 GPD L.T.A.R. 1,360 SQ FT

Septic Tank: 1000 Gallons; STB 825 Date 4/20/06

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1008 Linear Feet 400

No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth N/A

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

System Description: GRAVITY 25% REDUCTION

Repair System Description: L/T

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ____

☐ Other _____

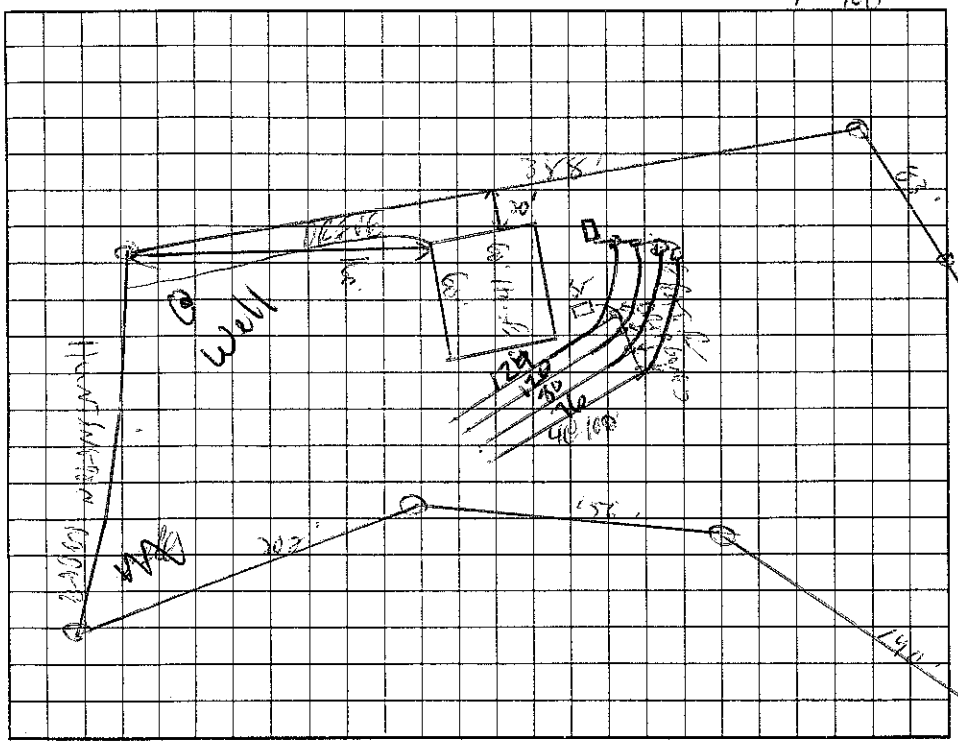
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

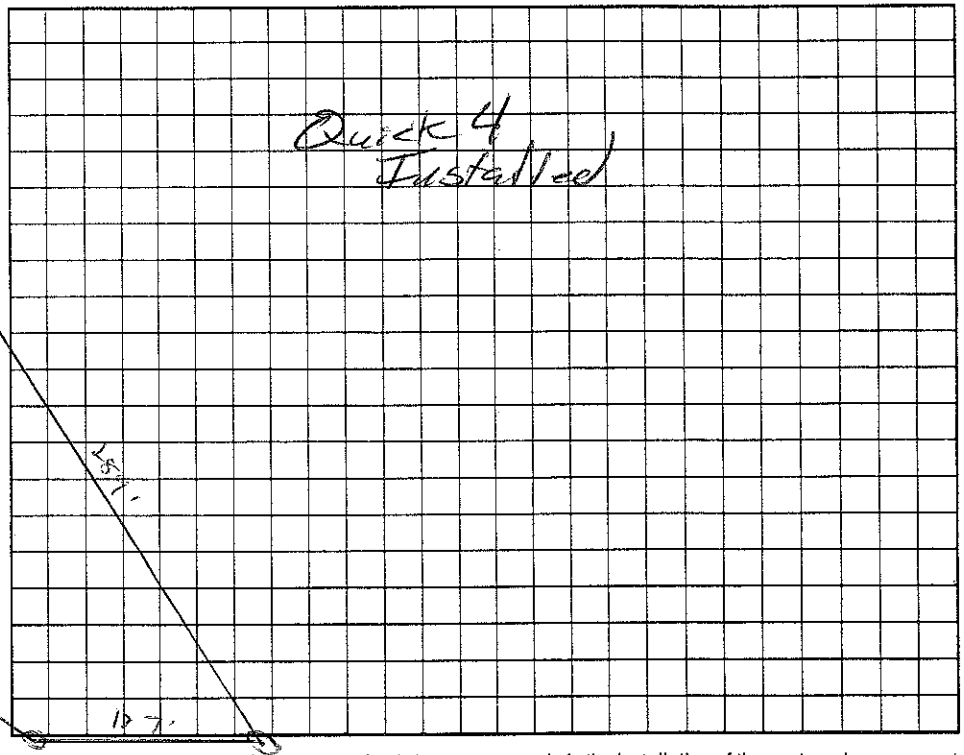
Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH 1" = 100'



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 1/9/06

Improvement Permit by: _____ RS date 1/18/06

Authorization to Construct by: _____ RS date 3/10/06

Installed by: Rowan Septic

Operation Permit by: _____ RS date 6/1/06

Existing System Inspection by: _____ date _____

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