IREDELL COUNTY HEALTH DEPARTMENT

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

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

10:00

PERMIT# 12705 PIN# ~~4660-30-3345-000~~ 4664-49-2918 DATE 12/10/04

OWNER OR CONTRACTOR HUNTINGTON RIDGE LLC/Stone Water PHONE: Business 664-9050 Home

ADDRESS 255 PEACHTREE HILLS MOORESVILLE NC 28117

LOCATION SHEARERS RD - TR HUNTINGTON RIDGE - ON RT

SUBDIVISION HUNTINGTON RIDGE BLOCK / SECTION 1 LOT 22 LOT AREA 1.234c SITE CLASS. PS DESIGN FLOW 360GPD L.T.A.R. 360/172

Septic Tank: 1000 Gallons; STB 794 Date 7/31/05

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 400 Linear Feet 200

No Lines 4@50' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: GRAVITY PANEL

Repair System Description: S.D. PANEL

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees ____

☐ Other ____

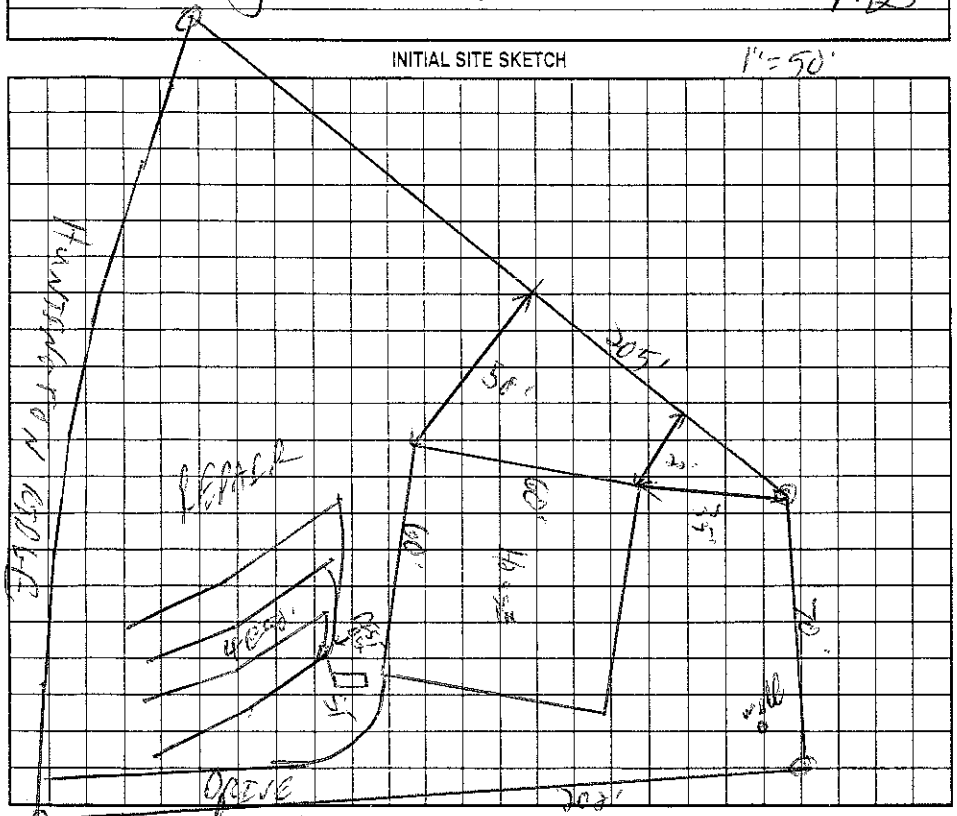
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: Reviewed floor plans & site plans; essentially in Compliance with I.P. MD

Comments:/Conditions: Checked ST & 1 line 9/2/05
Checked other 3 lines 9/6/05

INITIAL SITE SKETCH 1"=50'



AS BUILT SKETCH

Install essentially as Drawn

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 12/13/04

Improvement Permit by: ____ date 12/10/04

Authorization to Construct by: ____ date 4/19/05

Installed by: R & H Dobson RS date 9/6/05

Operation Permit by: ____ date ____

Existing System Inspection by: ____ date ____

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