IREDELL COUNTY HEALTH DEPARTMENT

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

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

3:09

PERMIT# 12-595 PIN# ~~4665-30-3345.004~~ 4664-49-4307 DATE 1/11/05

OWNER OR CONTRACTOR ~~HUNTINGTON RIDGE, LLC~~ WYNSOR HOMES PHONE: Business 704-921-9799 Home

ADDRESS ~~255 ROLLING RIDGE RD, MOORESVILLE NC 28117~~ ~~664 Presbyterian Rd,~~ PO Box 1332 Huntersville NC 28078

LOCATION SHEARERS RD - TR PRESBYTERIAN - ON RT

SUBDIVISION HUNTINGTON RIDGE BLOCK / SECTION 1 LOT 4 LOT AREA 1.025AC SITE CLASS. PS DESIGN FLOW 480GPD L.T.A.R. .36/1.12

Septic Tank: 1000 Gallons; STB N194 Date 9-2-07	☑ New System ☐ Repair System Type: I, II, III, IV, V, VI	☑ House/Mod. Home No. Bedrooms 4	Water Supply: ☑ Individual ☐ Public ☐ Community
Pump Tank: ___ Gallons; PT ___ Date ___	System Description: GRAVITY PANEL	☐ Mobile Home No. Bathrooms 4	
Pump Make: ___ Model ___ Serial No. ___	Repair System Description: LP PANEL	☐ Business No. Employees ___	
Nitrification Field: No Fields 1 Square Feet 540 Linear Feet 280	Maintenance Agreement Required: ☐ Yes ☑ No	☐ Other ___	
No Lines 4@70' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A		☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing	

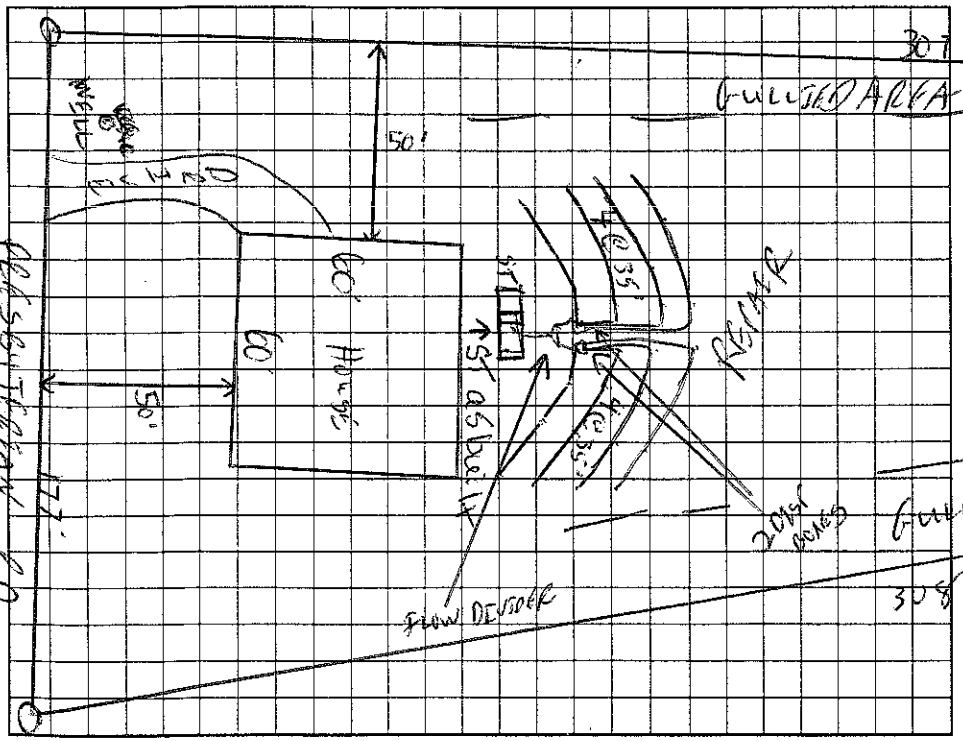
Comments:/Conditions:

1" = 50'

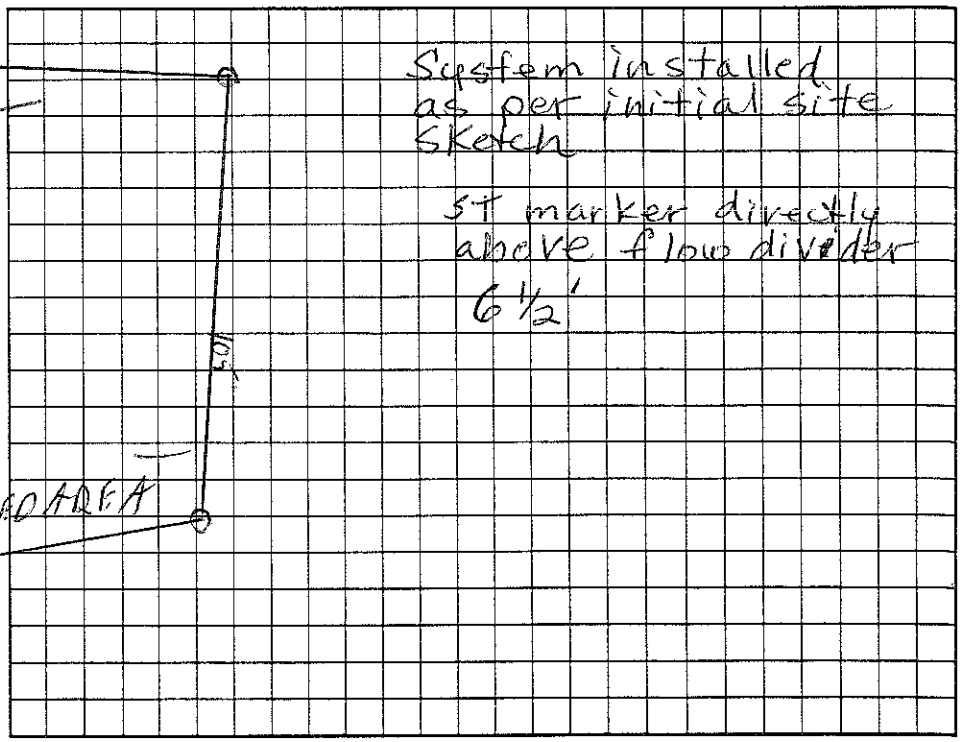
Comments:/Conditions:

Red Poly lok filter

INITIAL SITE SKETCH



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: Diane E McKnight date 1/11/05 Installed by: Stanley 704-506-3750

Improvement Permit by: C. [illegible] NS date 1/11/05 Operation Permit by: Judy Melville date 10-10-07

Authorization to Construct by: John E Auld date 7/18/07 Existing System Inspection by: ___ date ___

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