IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 12596 PIN# ~~4665 30 3375 005~~ 4664-49-5433 DATE 1/11/05

OWNER OR CONTRACTOR HUNTINGTON RIDGE LLC ~~DEER CROSSING~~ PHONE: Business _____ Home _____

ADDRESS 255 ROLLING HILLS RD MOORESVILLE NC 28117

LOCATION SHEARERS RD - TR PRESBYTERIAN - ON RT

SUBDIVISION HUNTINGTON RIDGE BLOCK / SECTION 1 LOT 5 LOT AREA .902AC. SITE CLASS PS DESIGN FLOW 450GPD L.T.A.R. .25000/FT2

Septic Tank: 1000 Gallons; STB 794 Date 6-2-2000
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 640 Linear Feet 320
No Lines ~~6000 5x64~~ Trench Width 24" Max Trench Bottom Depth 30" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: GRAVITY PANEL
Repair System Description: LP PANEL
Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees _____
☐ Other _____

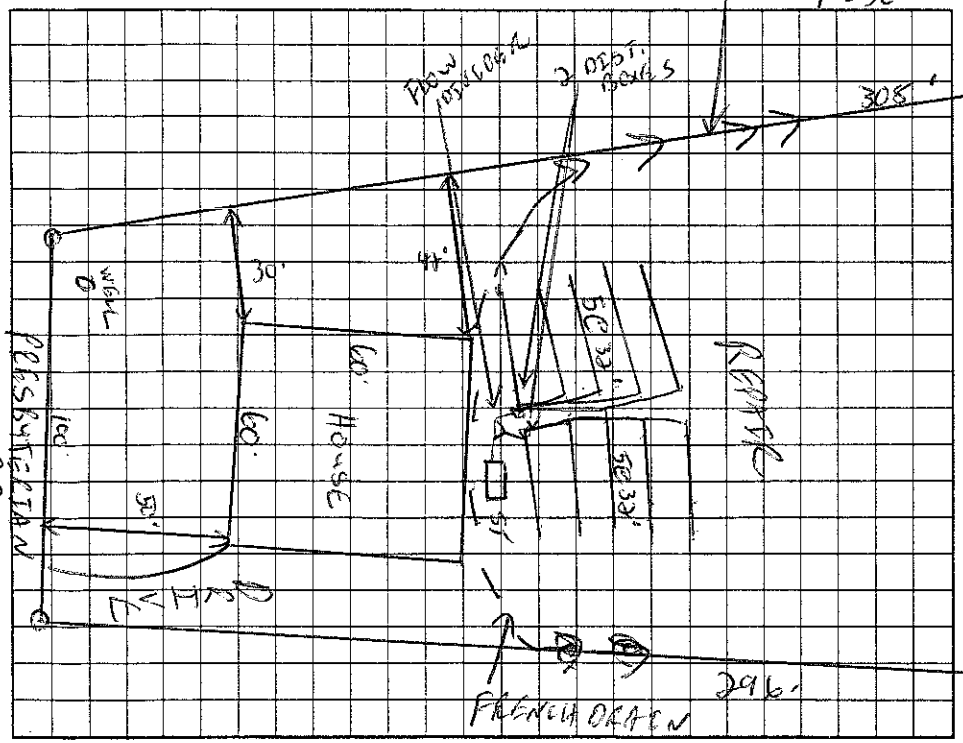
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

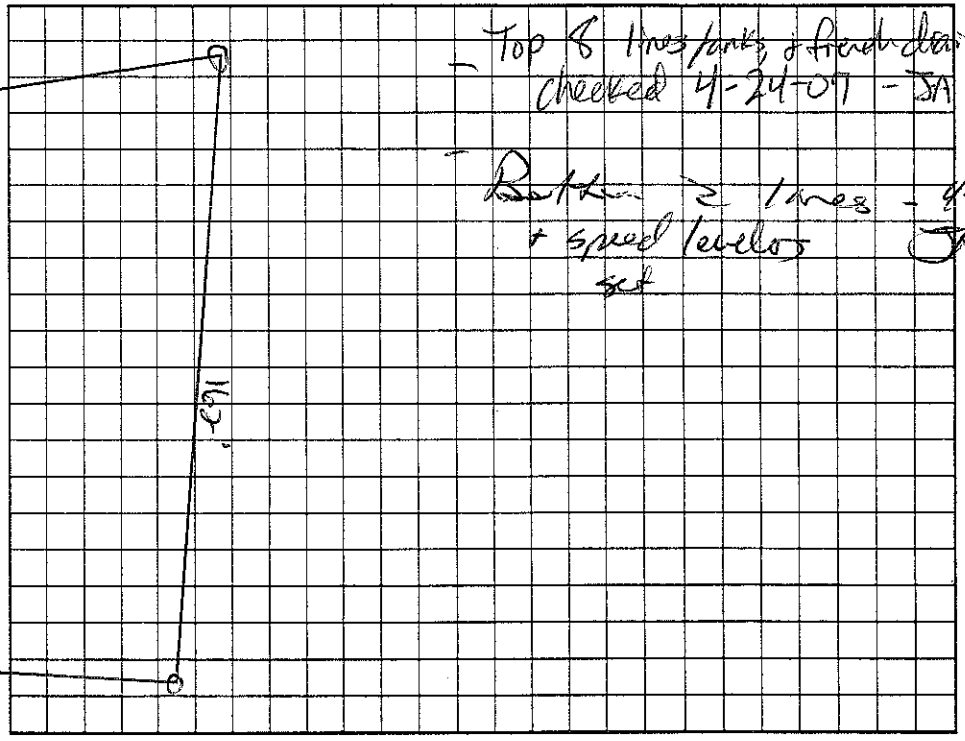
Comments:/Conditions: FRENCH DRAIN TO BE INSTALLED 48" DEEP 10' ABOVE SYSTEM - 15' SIDE SLOPE OF SYSTEM AND RAN OUT TO GRADE.

Comments:/Conditions:

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: _____ date 1/11/05 Installed by: Penwarden

Improvement Permit by: _____ date 1/11/05 Operation Permit by: _____ date 4-25-07

Authorization to Construct by: _____ date 10-23-06 Existing System Inspection by: _____ date _____

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