IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 17241 3 12698

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

PIN # 4665303411

APPLICANT: GARY LOOBY APPLICANT ADDRESS: CORNELIUS NC 2803,

SITE ADDRESS: 159 HUNTINGTON RIDGE PHONE: ALT. PHONE:

SITE DIRECTIONS: SHEARERS - TR HUNTINGTON RIDGE - ON LT AT END

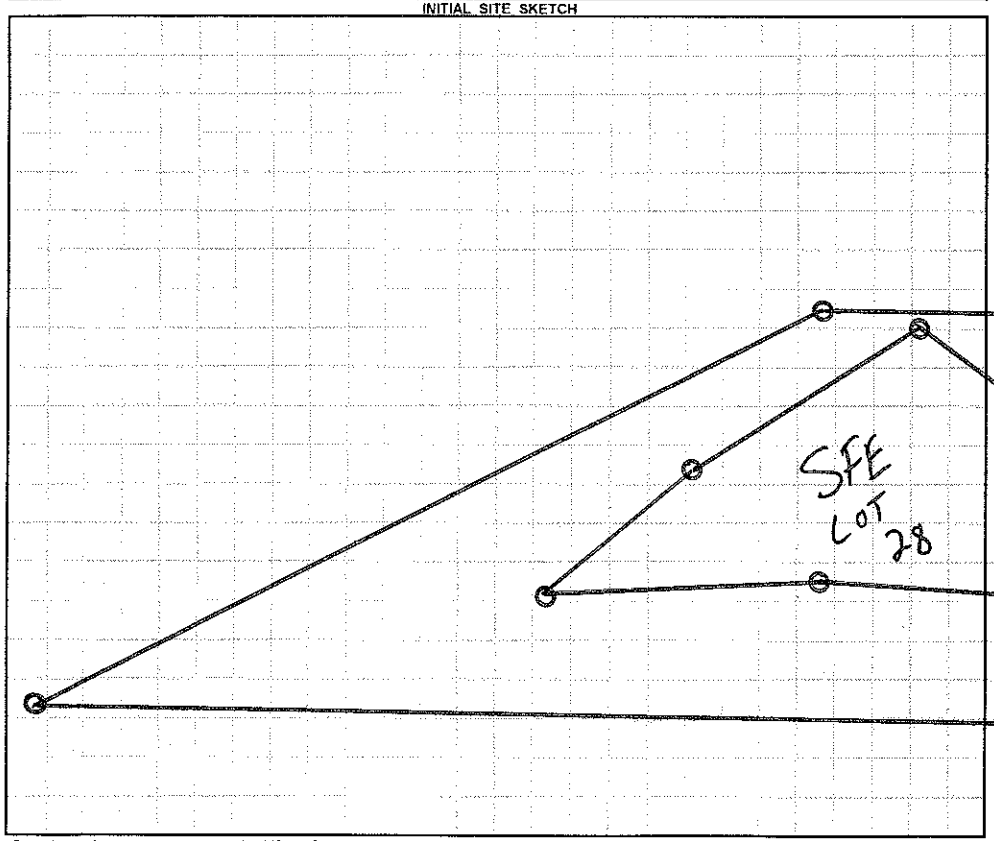
SUBDIVISION: HUNTINGTON RIDGE. SECTION: LOT # 15 LOT AREA: DESIGN FLOW: 360 L.T.A.R.: .3

Septic Tank	1000	(gal)	STB	744	Date	8/6/13	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms	3	Water Supply	
Pump Tank		(gal)	PT		Date		System Description:	GRAVITY 25% REDUCTION			☐ Business	No. Persons	2	☑ Private	
Pump Make		Model			Serial #		Repair System Description:	SAME			☐ Other	No. Employees		☐ Public	
# Nitrification Fields		# Lines			Linear Ft:		Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space		☐ Community	
Trench Width		Max. Trench Bottom Depth			Gravel Depth			☑ GRAVITY	☐ PRESSURE		☑ Basement w/ plumbing			☐ Basement w/o plumbing	

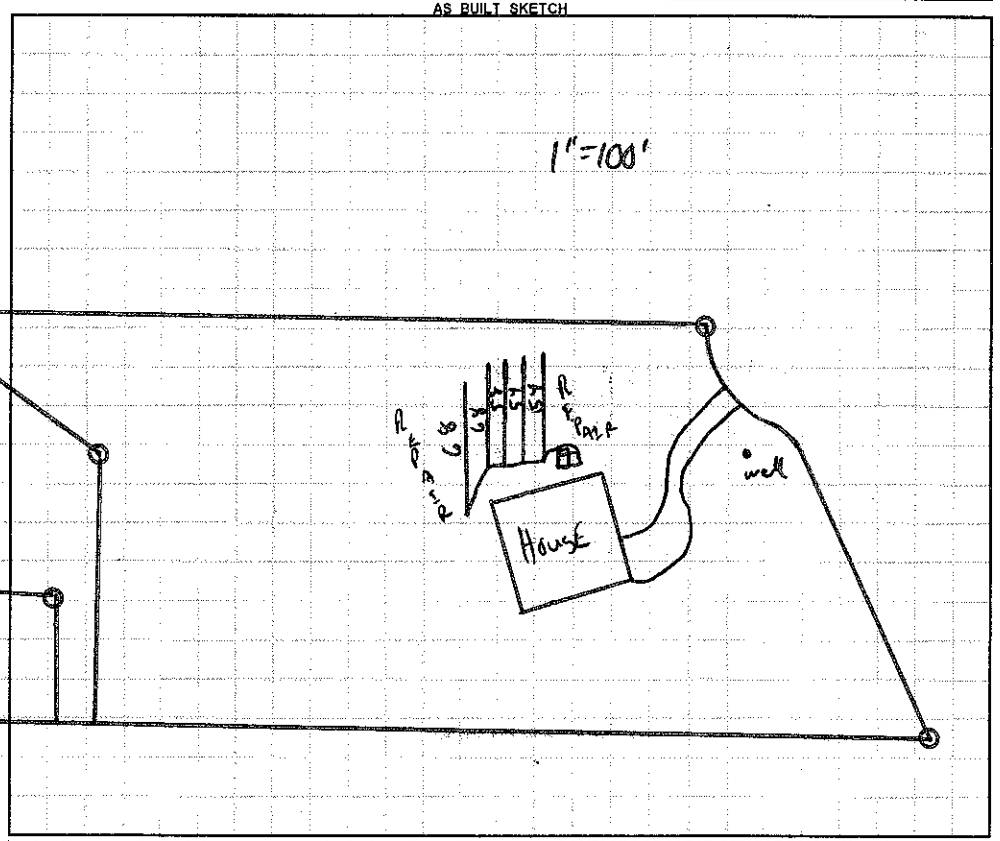
Comments / Conditions:

- SYSTEM MOVED BY INSTALLER.
- SOIL REEVALUATED BELOW TRENCH BOTTOM

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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☐ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Gary B. Abernathy Date: Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: C. [illegible] Date: 9/25/13

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

IREDELL COUNTY HEALTH DEPARTMENT

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

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

3:00

PERMIT# 122698 PIN# 4665 30 3395.015 DATE 5/25/05

OWNER OR CONTRACTOR Huntington Ridge LLC PHONE: Business _____ Home _____

ADDRESS 255 Rolling Hills Rd Mooresville, NC 28117

LOCATION Shearers, FR Huntington Ridge, on Lt at end

SUBDIVISION Huntington Ridge BLOCK / SECTION _____ LOT 15 LOT AREA _____ SITE CLASS. RS DESIGN FLOW 480 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 794 Date 8/6/13
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 533
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity Conventional
Repair System Description: 25% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No

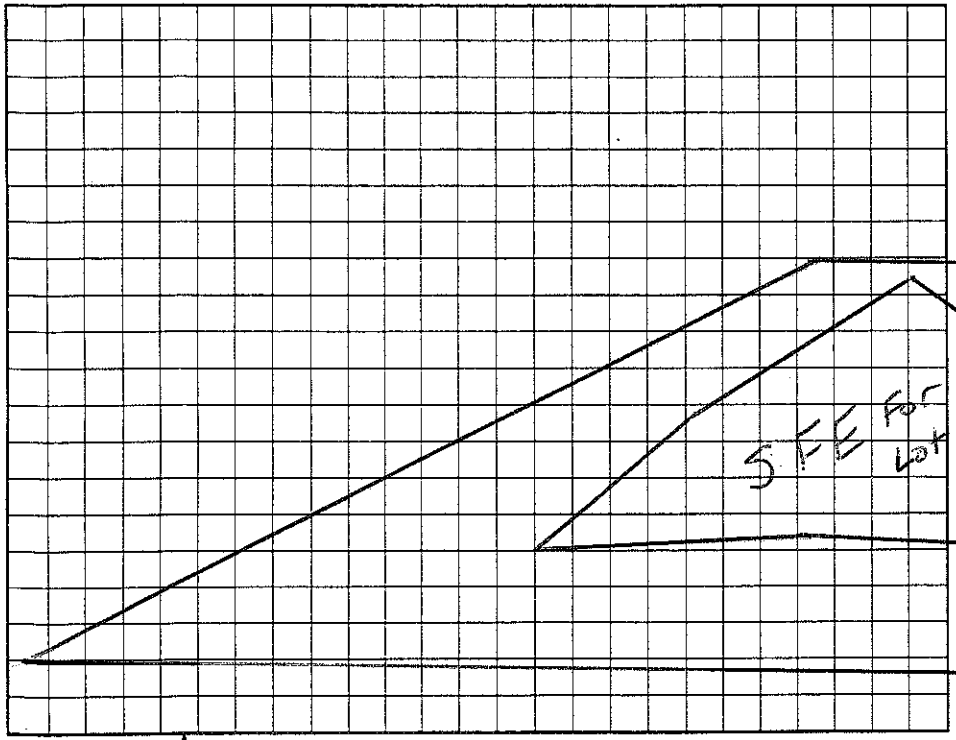
☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

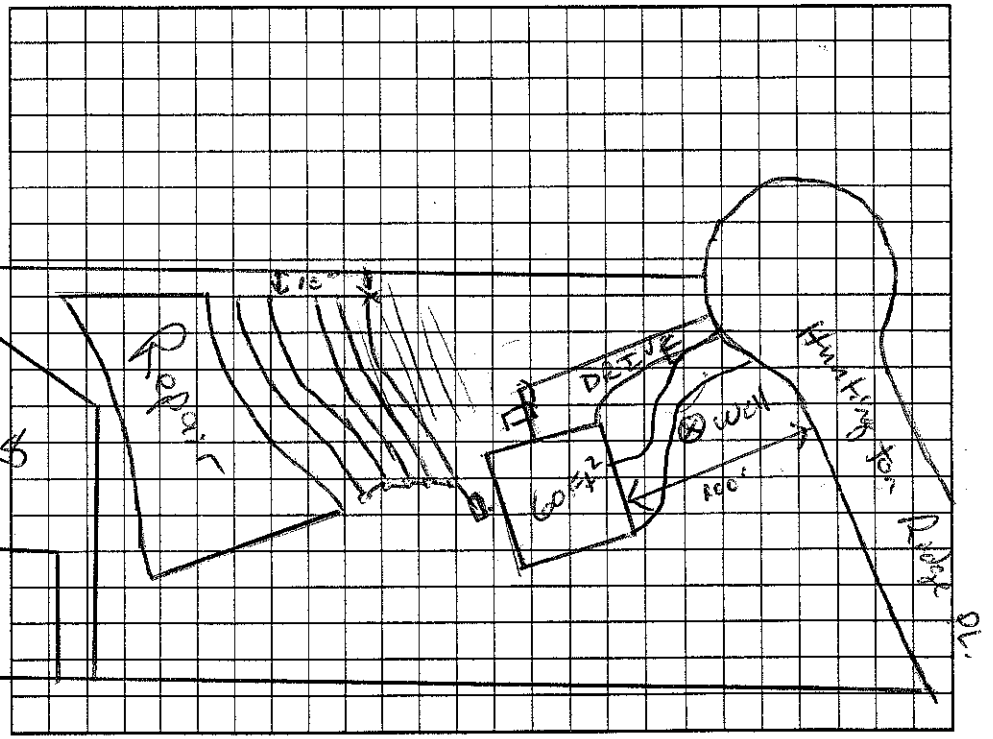
Comments:/Conditions:
1054 4-69
2 - "
3 - 58
1" = 100'

Comments:/Conditions:
OK TO INSTALL 400' GRAVEL OR 300' 25% RED.
FOR 3 BEDROOM HOUSE
REVIEWED HOUSE PLANS 4-30-12 RA

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 5/26/05 Installed by: _____

Improvement Permit by: RS date 5/25/05 Operation Permit by: _____ date _____

Authorization to Construct by: REHS date 4-30-12 Existing System Inspection by: _____ date _____

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