IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 12706 PIN# ~~4665-30-3325-02~~ 4665-40-3030 DATE 12/10/04

OWNER OR CONTRACTOR HUNTINGTON RIDGE LLC Stone, Water PHONE: Business 664-9080 Home

ADDRESS 255 ROLLING HILLS RD - MOORESVILLE N. 28117

LOCATION SHEARERS RD - TR HUNTINGTON RIDGE - 3RD ON RT

SUBDIVISION HUNTINGTON RIDGE BLOCK / SECTION 1 LOT 23 LOT AREA .472Ac SITE CLASS. PS DESIGN FLOW 360GPD L.T.A.R. .3400/Ac

Septic Tank: 1000 Gallons; STB 312 Date 7-31-05

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 400 Linear Feet 210

No Lines 6@35' 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 LANE

Repair System Description: LPP LANE

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees ____

☐ Other ____

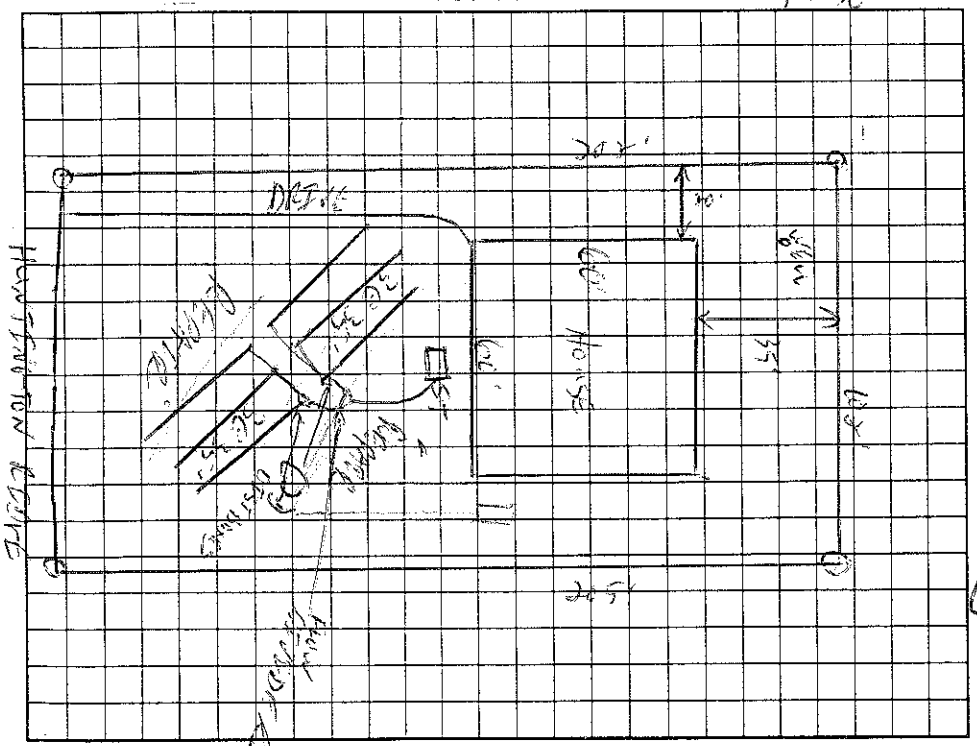
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

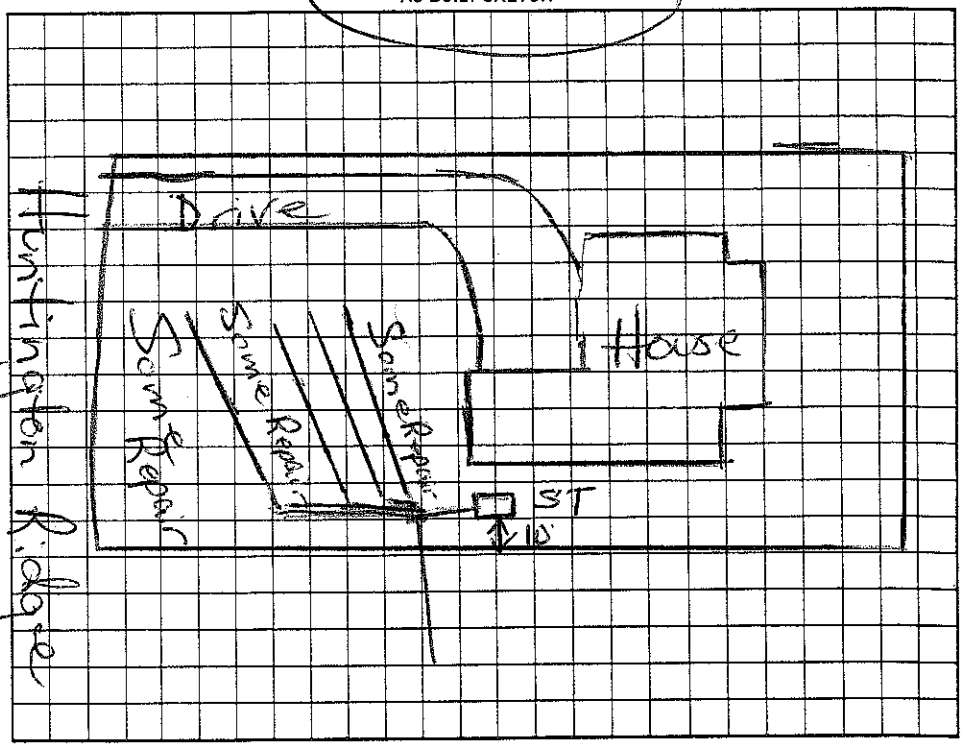
Comments:/Conditions: Reviewed plans, essentially in compliance with I.P.

Comments:/Conditions:

INITIAL SITE SKETCH 1"=50'



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 12/13/04 Installed by: R&T

Improvement Permit by: ____ date 12/10/04 Operation Permit by: Maria H. Dotson RS date 9/7/05

Authorization to Construct by: Maria H. Dotson RS date 4/19/05 Existing System Inspection by: ____ date ____

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