IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 28049 PIN# 4710 69 0237 DATE 28 June 07

OWNER OR APPLICANT Rick Dyson (Heritage Builders) PHONE: Business _____ Home _____

ADDRESS PO Drawer 9 Route Four Statesville 28677

LOCATION Buffalo Shoals Rd to Laural Cove Rd to Island Ford Rd to River Ridge on left

SUBDIVISION River Ridge BLOCK / SECTION _____ LOT 29 LOT AREA 1.45 SITE CLASS 15 DESIGN FLOW 360 L.T.A.R. 13

Septic Tank: 1000 Gallons; STB 1012 Date 4-3-07

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet 900 Linear Feet 300

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☐ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: 25% Growth

Repair System Description: 25% Growth

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ___

☐ Business No. Employees ___

☐ Other _____

Water Supply: ☐ Individual ☐ Public ☐ Community

☒ Gravity ☐ Pressure ☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

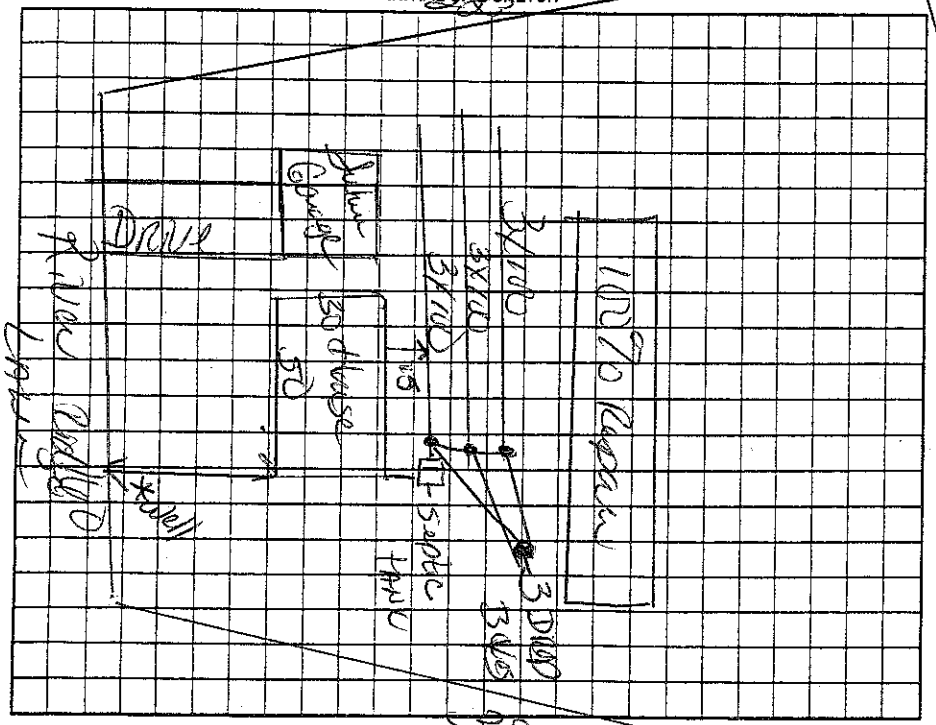
Comments:/Conditions:

Install on Contour
Maintain all setbacks

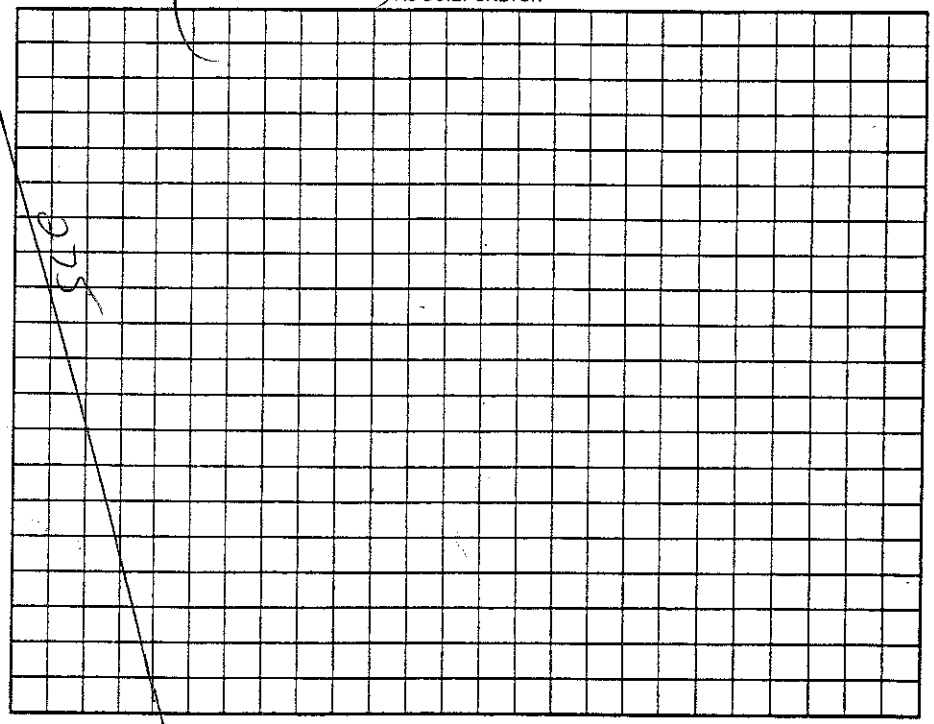
Comments:/Conditions:

11-60 Yellow Lid for Septic Marker

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 28 June 07 Installed by: Tommy Teague

Improvement Permit by: _____ date 28 June 07 Operation Permit by: _____ date 10-4-07

Authorization to Construct by: _____ date 28 June 07 Existing System Inspection by: _____ date _____

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