1pm Tirye

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# ~~84093~~ 84094 PIN# 4772672705 pt DATE May 26 2000

OWNER OR CONTRACTOR HERITAGE Building Co PHONE: Business 528-6644 Home

ADDRESS 120 HICKORY POINT DR STATESVILLE NC

LOCATION Lot 110 Lippard Springs off Old MT Rd Turn Rumple Hill Lt on Right by new STREET

SUBDIVISION Lippard Springs BLOCK / SECTION LOT 110 LOT AREA .62 Ac SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 1212 Date 6 18 00

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1200 eq Linear Feet 300

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

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: GRAVITY 25% Reduction

Repair System Description: SAME W/ Pump

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth N/A ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

Water Supply: ☒ Individual ☐ Public ☐ Community WELL

Comments:/Conditions: INSTALL 50 chambers OR 30 HDS SECTIONS ~~OR~~

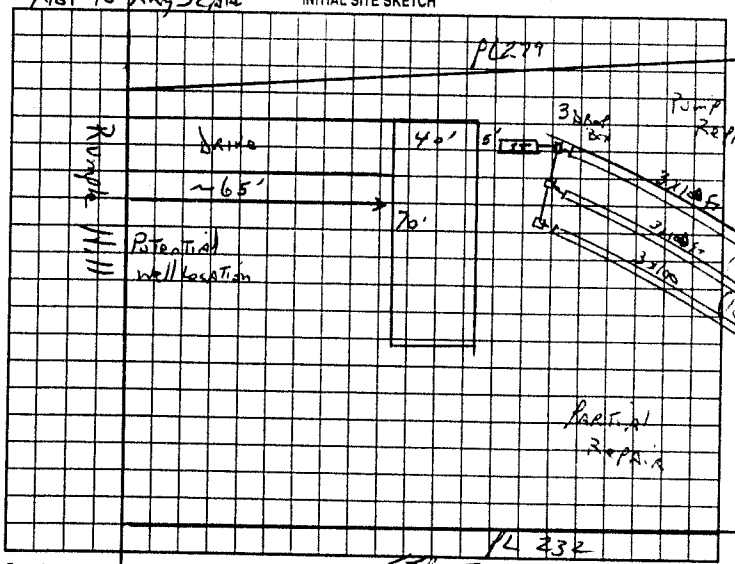
HDS sections suggested due To CURVE of septic CONTOUR

LOCATE well 100FT OR MAX FEASIABLE distance FROM SEPTIC AREA

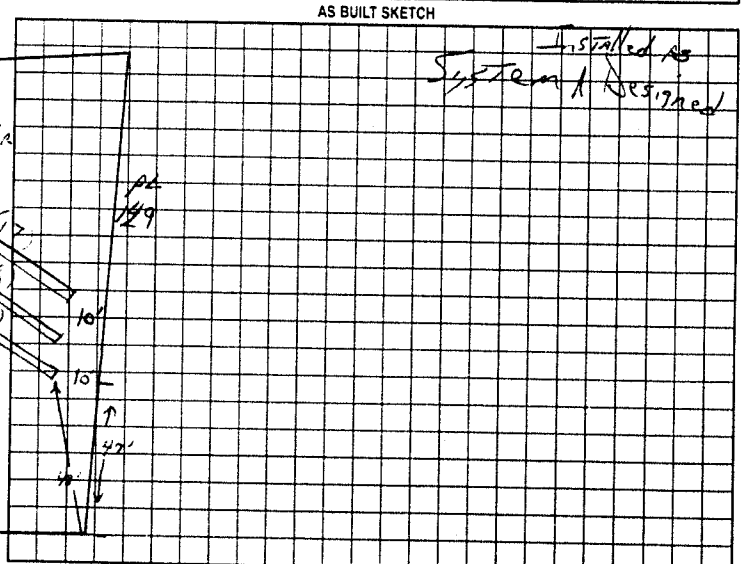
Comments /Conditions

(50 FT Min)

Not To Any Scale 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 6-5-00 Installed by: Tommy Frye

Improvement Permit by: Jc Potter date May 26 2000 Operation Permit by: Jc Potter date July 27 2000

Authorization to Construct by: Jc Potter date May 26 2000 Existing System Inspection by: _____ date _____

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