IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 090942 PIN# 4772672705 DATE 7/31/00

OWNER OR CONTRACTOR Heritage Building Co. PHONE: Business (704) 528-6644 Home

ADDRESS 120 Hickory Pt. Ct. Statesville NC 28677

LOCATION Buffalo Shoals, L Old Mt. R Lippard Springs, R Lippard Spring Cir. on Lt

SUBDIVISION Lippard Springs BLOCK / SECTION — LOT 112 LOT AREA .76 AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 1012 lp Date 7-1-2000

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Grav. Conventional

Repair System Description: Pump Conventional

Maintenance Agreement Required: ☐ Yes X No

X House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

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

Water Supply: X Individual ☐ Public ☐ Community

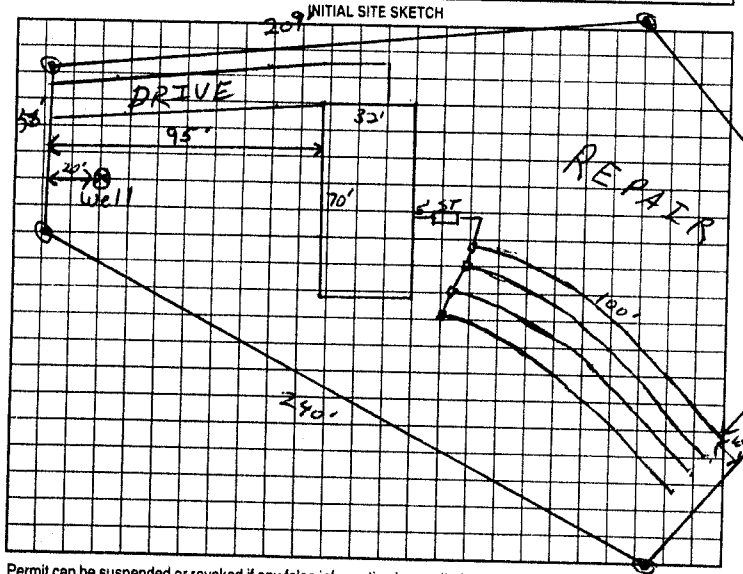
Comments/Conditions:

1:50 Scale

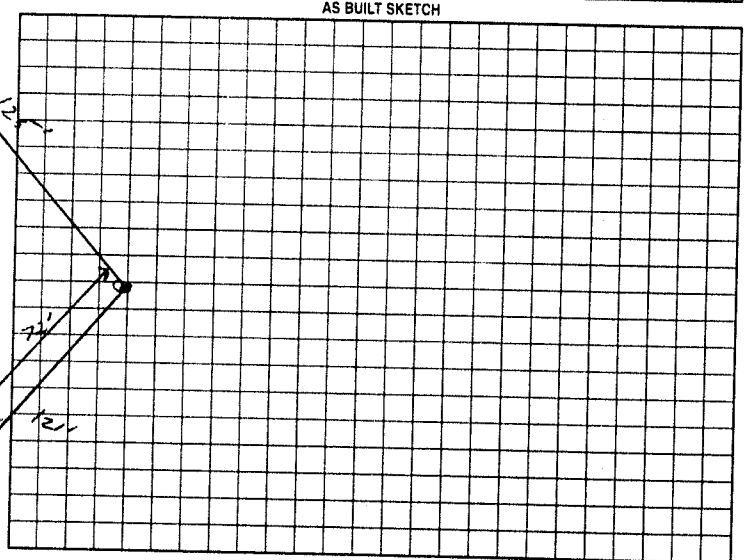
Comments/Conditions

Install 12" Gravel.

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 8-2-00 Installed by: Tommy Frye

Improvement Permit by: Gary McLeod RSI date 7/31/00 Operation Permit by: David Hinson, RS date 10-11-00

Authorization to Construct by: Gary McLeod RSI date 7/31/00 Existing System Inspection by: _____ date _____

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