Tested → 9/19/01 wsf

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 090943 PIN# 4772672 705 DATE 8/2/00

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 Mtn, L Lippard Springs, R Lippard springs Cir, on Lt

SUBDIVISION Lippard Spring BLOCK / SECTION — LOT 113 LOT AREA .71 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.25

Septic Tank: 1000 Gallons; STB 1012 Date 6-19-01
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360
No Lines 4@90' Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth —

X New System ☐ Repair System Type: I, II, (III), IV, V
System Description: Conv. ~~25% Red.~~ Conv.
Repair System Description: ~~Conv.~~ Conv. 50% Red
Maintenance Agreement Required: ☐ Yes X No

X House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees

Water Supply: X Individual ☐ Public ☐ Community

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

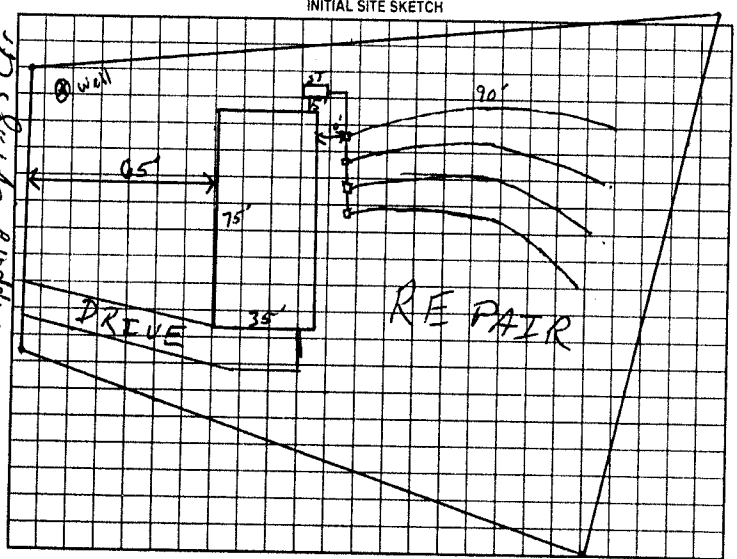
Comments/Conditions:

1:50 Scale

Comments/Conditions: - Okay for 480' Conv. Gravity Installed parallel
- Pollok Filter Installed
- Septic Tank Marker Installed

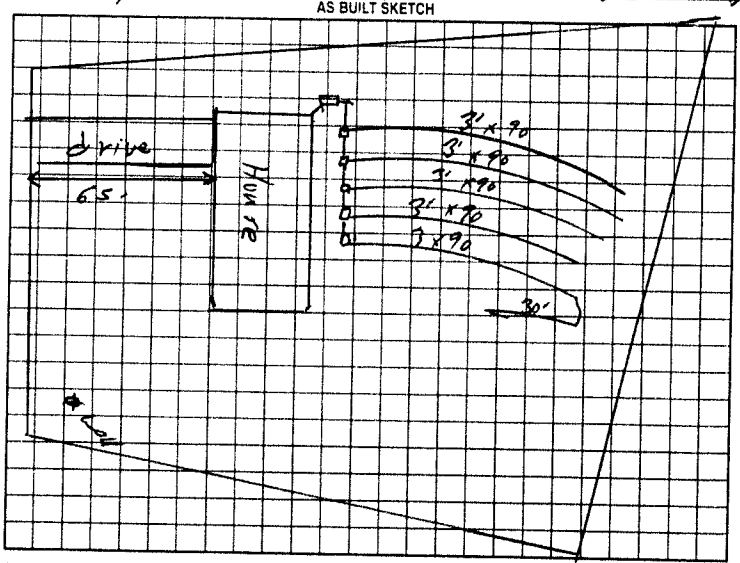
Pipe Replaced

INITIAL SITE SKETCH



Lippard Springs Cir

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: Frye Grading

Improvement Permit by: Gary McAuley RSI date 8/2/00 Operation Permit by: William O. Johnson date 9/14/01

Authorization to Construct by: Gary McAuley RSI date 8/2/00 Existing System Inspection by: _____ date _____

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