IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 22914 DATE 1-11-96 TAX MAP NO. 6C6-A-65 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR HERITAGE BLDG. Co. PHONE: Business 881-3169 Home 528-6644

ADDRESS 120 HICKORY POINT STATESVILLE, NC 28677

LOCATION I-40 W TL OLD MOUNTAIN RD, TL RUMPLE DRIVE, TR STONEFIELD DRIVE, LOT ON RIGHT (4th)

SUBDIVISION LIMARD SPRINGS BLOCK / SECTION III LOT 65 LOT AREA 125 x 225' SITE CLASS. FS DESIGN FLOW 360 L.T.A.R. 0.30 gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 2-20-96

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 2 Square Feet 1200 Linear Feet 400

No Lines 4 Trench Width 36" Max Trench Bottom Depth 18-36 Gravel Depth 12"

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

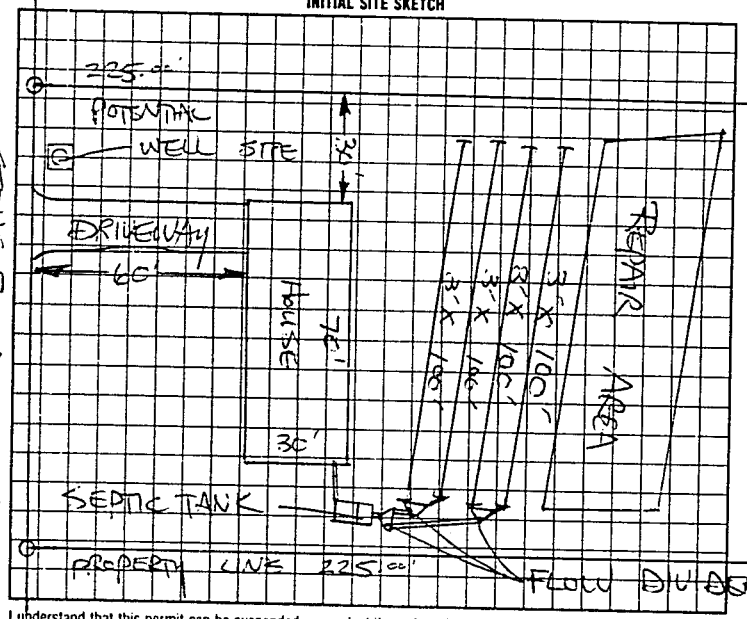
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public WELL

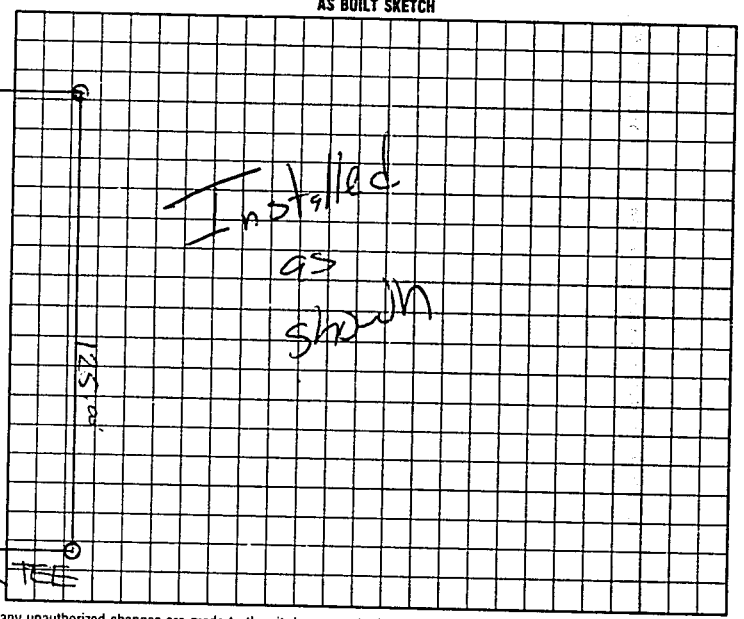
Comments: ① USE THREE FLOW DIVIDER TEES TO ACHIEVE EQUAL DISTRIBUTION INTO EACH OF FOUR LINES ② KEEP SYSTEM MINIMUM 100' FROM WELL

Comments: system moved lower Area slightly wet

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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.

AUTHORIZATION TO CONSTRUCT IS VALID FIVE (5) YEARS FROM DATE OF ISSUANCE. IMPROVEMENT PERMIT HAS NO EXPIRATION DATE.

Signed: _____

Improvement Permit by: STEVE HEDRICK date 1-11-96

~~Existing System Inspection~~ AUTHORIZATION TO CONSTRUCT by: STEVE HEDRICK date 4-10-96

Installed by: Tommy King

~~Certificate of Completion by~~: _____ date _____

Operation Permit by: [signature] date 3-21-97

HEALTH DEPT. COPY WHITE | INSPECTION COPY (FINAL) GREEN | OWNER COPY (FINAL) YELLOW | INSPECTION COPY (INITIAL) PINK | OWNER COPY (INITIAL) GOLD