IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 071332 PIN# 4772 67 2705 DATE 1-13-98

OWNER OR CONTRACTOR HERITAGE BLDG. CO. PHONE: Business Home 528-6644

ADDRESS 120 HICKORY PLACE CT. STATESVILLE, NC 28677

LOCATION I-40 W, TL OLD MTN. ROAD, TL RUMPLE DRIVE, 3RD LOT ON LEFT PAST ST. JOSEPH COURT

SUBDIVISION LIPPARD SPRINGS BLOCK / SECTION II LOT 78 LOT AREA 0.65 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GAD/FT²

Septic Tank: 1000 Gallons; STB ____ Date 2-2-94

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

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

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

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: LPP

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

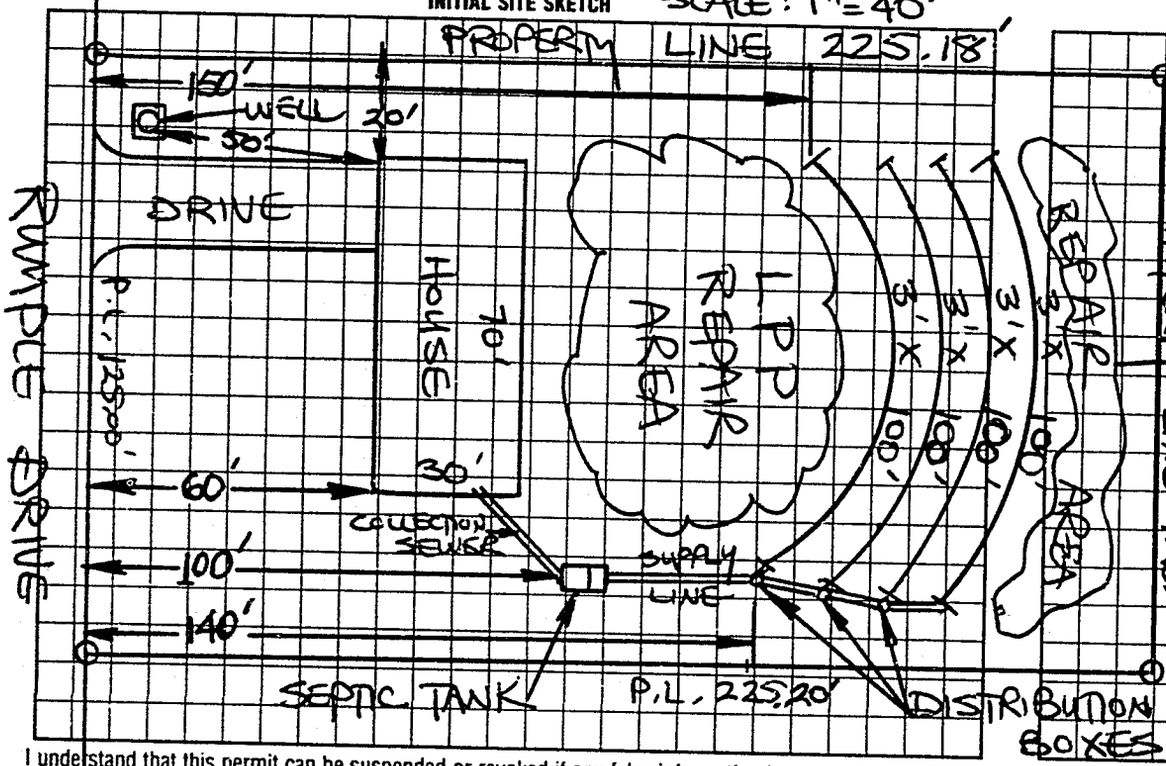
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community WELL

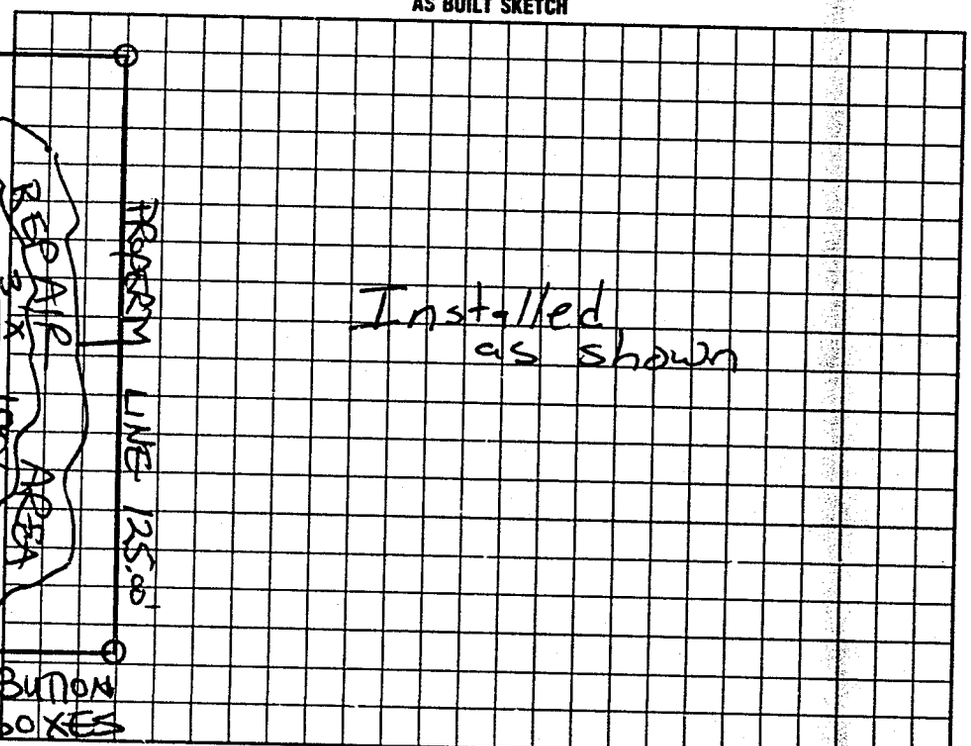
Comments:/Conditions: KEEP SYSTEM MINIMUM 100' FROM WELL

Comments:/Conditions:

INITIAL SITE SKETCH SCALE: 1"=40'



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. 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: [signature] date 1-13-98

Improvement Permit by: STEVE HEDRICK date 1-13-98

Authorization to Construct by: STEVE HEDRICK date 1-13-98

Installed by: Tommy Frye

Operation Permit by: Mark C Ortz RS date 4-13-98

Existing System Inspection by: ____ date ____

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