IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 071333 PIN# 4772672705 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, 4TH LOT ON LEFT PAST ST. JOSEPHS COURT

SUBDIVISION LIPPARD SPRINGS BLOCK / SECTION IV LOT 79 LOT AREA 0.65 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 1-28-98

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: CONVENTIONAL GRAVITY

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

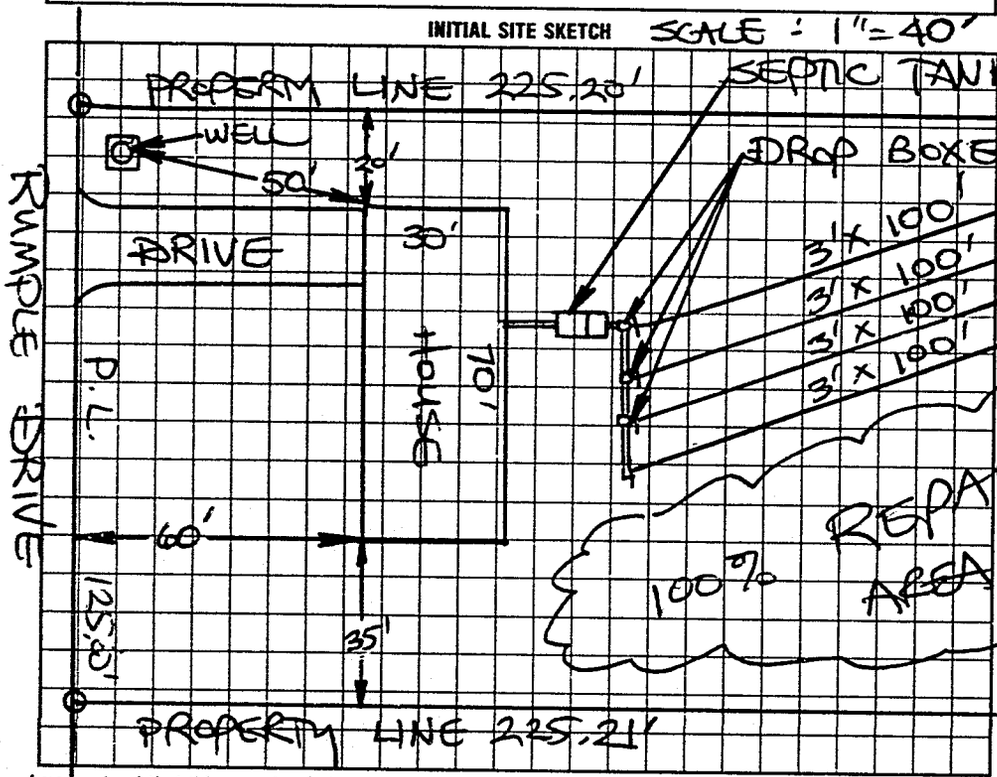
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community WELL

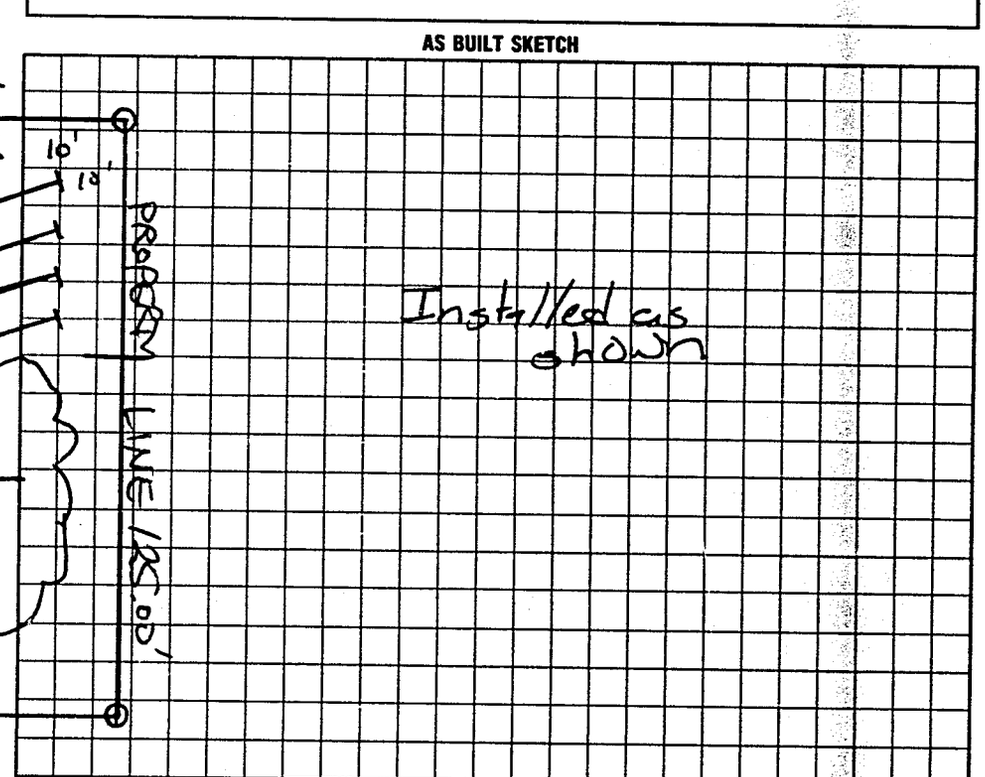
Comments:/Conditions: KEEP SYSTEM MINIMUM 100' FROM WELL

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: Kris Thoenahn 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. Outlaw 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