IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 072315 PIN# 4722 58 8696 DATE 8-8-98

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

ADDRESS 120 HICKORY POINT COURT, STATESVILLE, NC 28677

LOCATION I-40 W, TL OLD MTN. RD, TL RUMPLE HILL DRIVE, 6TH LOT ON LEFT PAST ST. JOSEPH COURT

SUBDIVISION LIPPARD SPRINGS BLOCK / SECTION IV LOT 81 LOT AREA 0.65 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 SPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 6-22-98
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines FIVE 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: CHAMBERED GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No

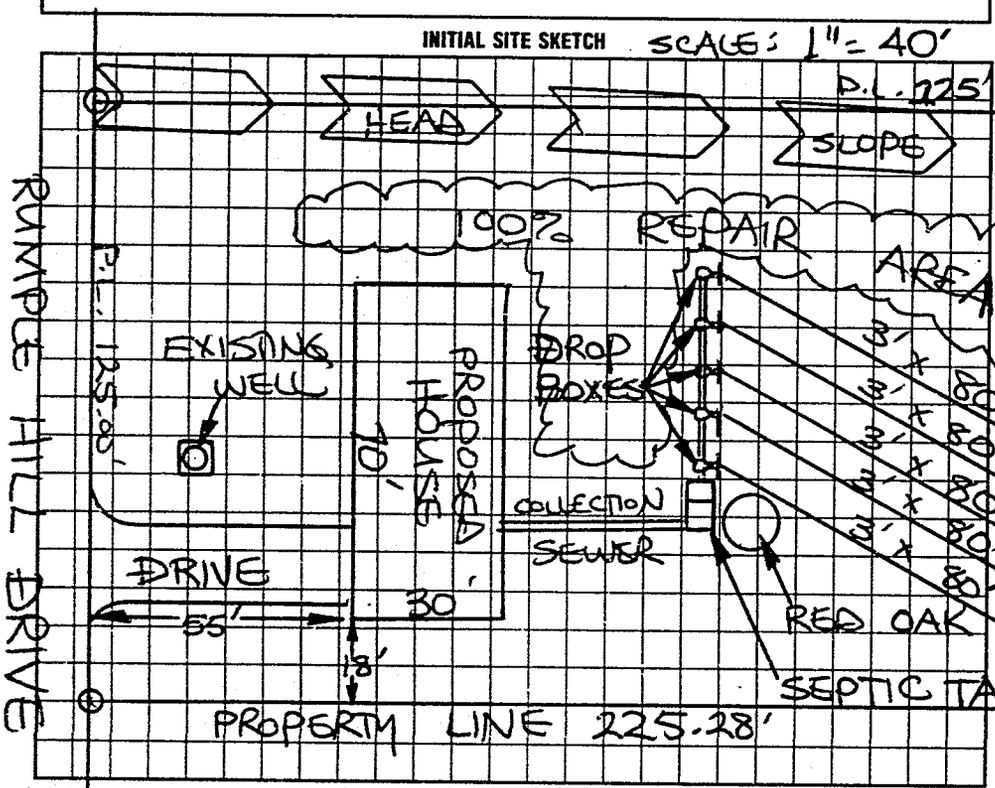
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community
WELL

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

Comments:/Conditions: Tankset 8-25

INITIAL SITE SKETCH SCALE: 1" = 40'



AS BUILT SKETCH

Installed as shown

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: _____ date 8-10-98

Improvement Permit by: STEVE HEDRICK date 8-8-98

Authorization to Construct by: STEVE HEDRICK date 8-8-98

Installed by: Tommy Frye

Operation Permit by: Mac Outlaw date 10-13-98

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