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. 22913 DATE 1-11-96 TAX MAP NO. 6C-6-A, 64 Watershed: ☐ Yes ☑ No

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

ADDRESS 120 HICKORY POINT COURT, STATESVILLE, NC 28677

LOCATION I-40 W, TL OLD MOUNTAIN RD, TL RUMPLE DR, TR STONEFIELD DR, LOT ON RIGHT (5TH)

SUBDIVISION LIPPARD SPRINGS BLOCK / SECTION II LOT 64 LOT AREA 125' x 225' SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.3 GPD/FT²

Septic Tank: 1000 Gallons; STB 1017 Date 12-20-96

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

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

No Lines 4 Trench Width 36" Max Trench Bottom Depth 18-30" 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 ____

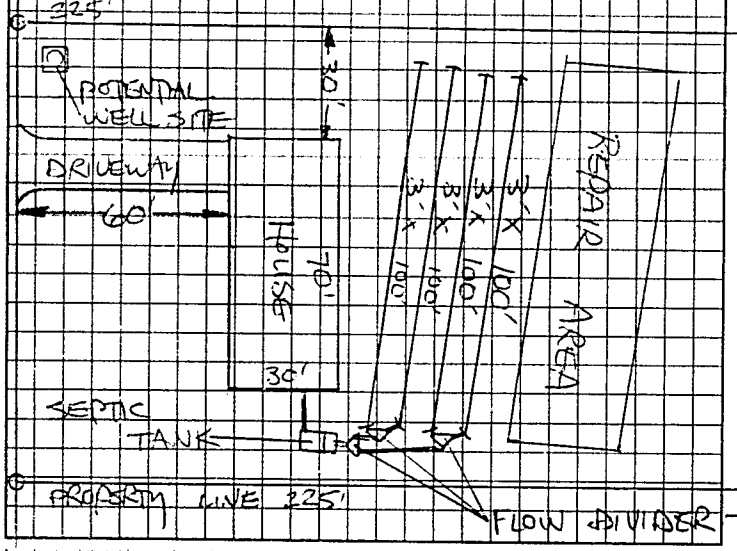
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public WELL

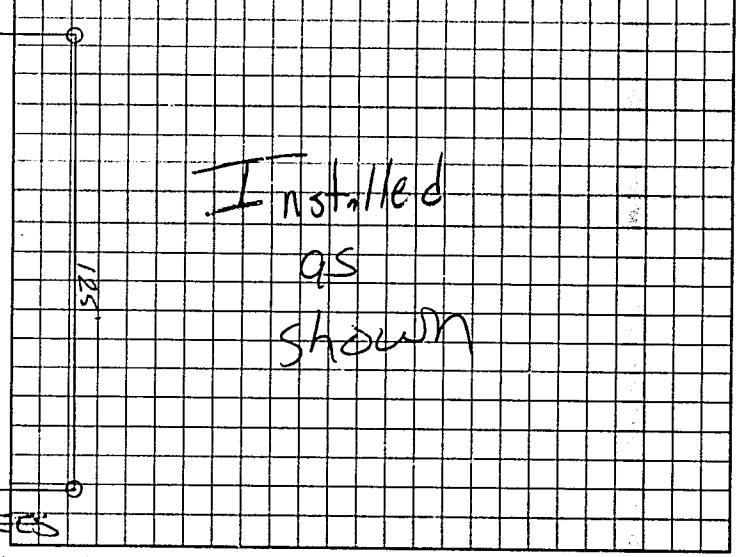
Comments: ① USE THREE FLOW DIVIDER TEES TO ACHIEVE EQUAL DISTRIBUTION INTO EACH OF FOUR LINES. ② KEEP SYSTEM MINIMUM 100' FROM WELL

Comments:

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

Installed by: Tammy Frye

~~Certificate of Completion by:~~ ____ date ____

Operation Permit by: Mark Cutts date 3-21-97

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

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