IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281 60396

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

PROPERTY DESCRIPTION NO. 22912 DATE 1-11-96 TAX MAP NO. 6C-6-A-63 Watershed: ☐ Yes ☑ No

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

ADDRESS 120 HICKORY POINT CT. STATESVILLE NC 28677

LOCATION I-40 W, TL OLD MOUNTAIN RD, TL RUMPLE DR, TR STONEFIELD DRIVE, 6TH LOT ON RIGHT

SUBDIVISION LIZARD SPRINGS BLOCK / SECTION III LOT 63 LOT AREA 125 x 225' SITE CLASS. FS DESIGN FLOW 360 L.T.A.R. 0.3 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 4-6-96

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300

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: CONV. 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 _____

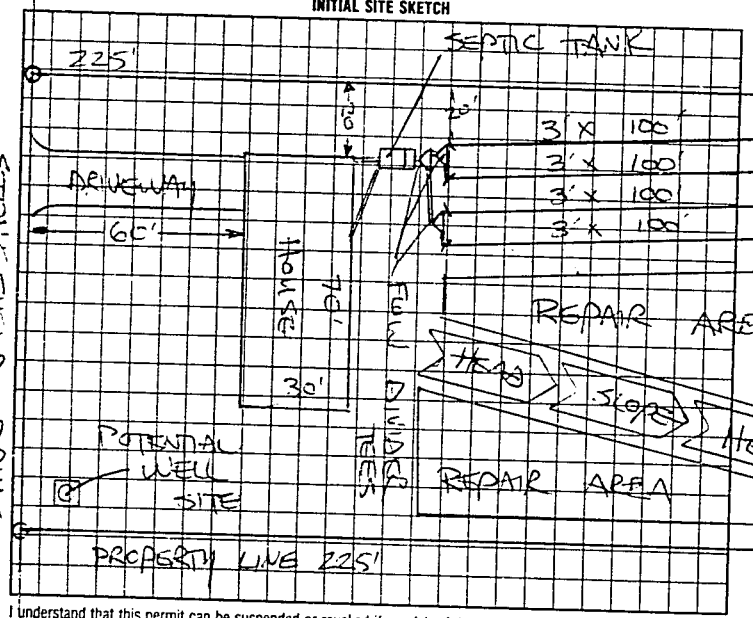
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public WELL

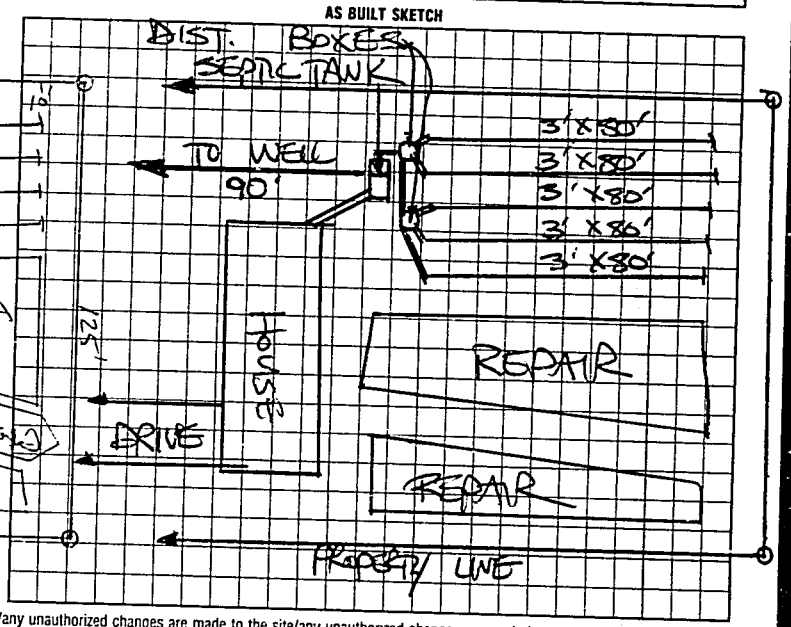
Comments: ① USE THREE FLOW DIVIDER TEES TO ACHIEVE EQUAL DISTRIBUTION INTO EACH OF FOUR LINES ② KEEP SYSTEM MINIMUM 100' FROM WELL

Comments: SYSTEM CHANGED DUE TO WELL LOCATION.

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 unauthonzed 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 HENDRICK date 1-11-96

AUTHORIZATION TO CONSTRUCT

~~Existing System Inspection~~ by: STEVE HENDRICK date 4-10-96

Installed by: TOMMY FRYE

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

Operation Permit by: STEVE HENDRICK date 6-4-96

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