IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281 59888

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

PROPERTY DESCRIPTION NO. 22808 DATE 1-11-96 TAX MAP NO. 6C-6 -A- 62 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 ROAD, TL RUMPLE DR, TR STONEFIELD DRIVE LOT ON RIGHT (TR)

SUBDIVISION HARRIS SPRINGS BLOCK / SECTION III LOT 62 LOT AREA 125'x225' SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 3-16-96

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-~~26~~" 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 (SEPTIC TANK)

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

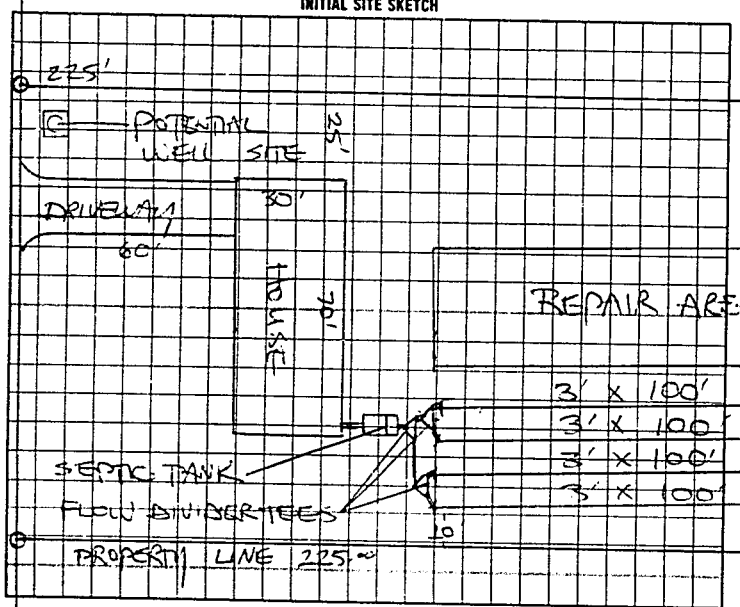
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public WELL

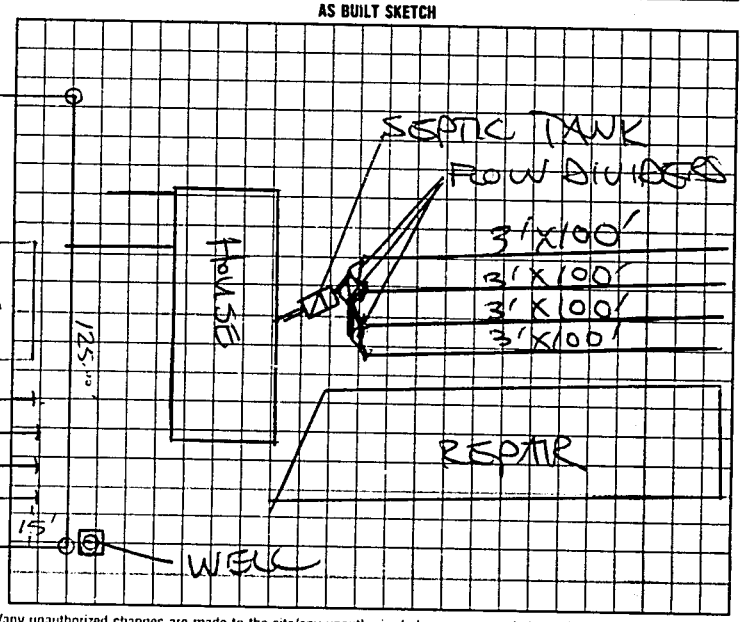
Comments: ① USE THREE FLOW DIVIDER TEES TO ACHIEVE EQUAL DISTRIBUTION INTO EACH OF FOUR LINES ② KEEP SYSTEM MINIMUM 100' FROM WELL.

Comments: SYSTEM CHANGED DUE TO WELL LOCATION - OK'D BY H.D. PRIOR TO INSTALLATION

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 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 5-14-96

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

STONEFIELD DRIVE

5 T 2 0 0 0