IREDELL COUNTY HEALTH DEPARTMENT

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

058775

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

PROPERTY DESCRIPTION NO. 2280M DATE 12-7-95 TAX MAP NO. 6C-6-A-61 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Heritage Bldg Co. PHONE: Business 528-6644 Home Same

ADDRESS 120 Hickory Pt ct. Sta.

LOCATION Old Mtn Rd. TR Rumple Dr. JR Stonefield Dr. On Rt

SUBDIVISION Lippard Spr BLOCK / SECTION ____ LOT 61 LOT AREA 125X225' SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 3

Septic Tank: 1000 Gallons; STB 1012 Date 12-31-95

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

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

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I (II) III, IV, V, VI

System Description: Conv. Gravity

Repair System Description: Chambered Gravelless

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

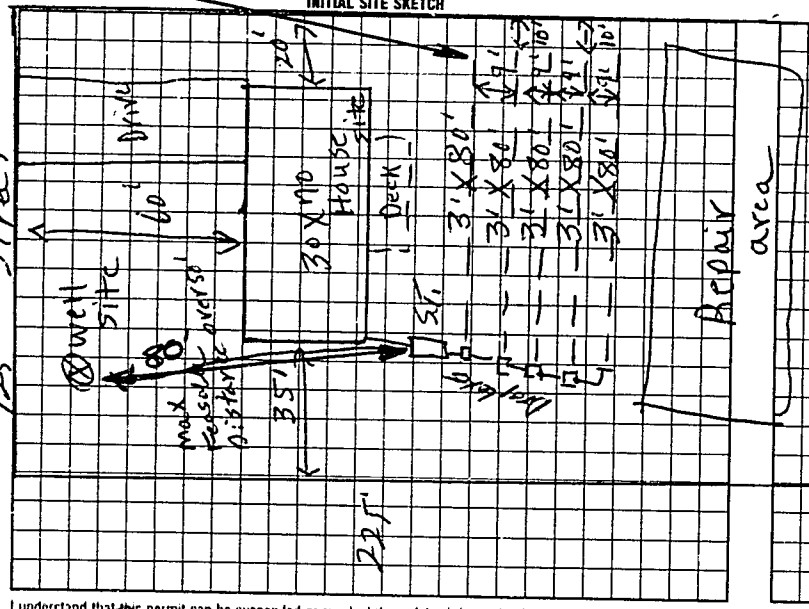
Water Supply: ☑ Individual ☐ Community ☐ Public

Comments:

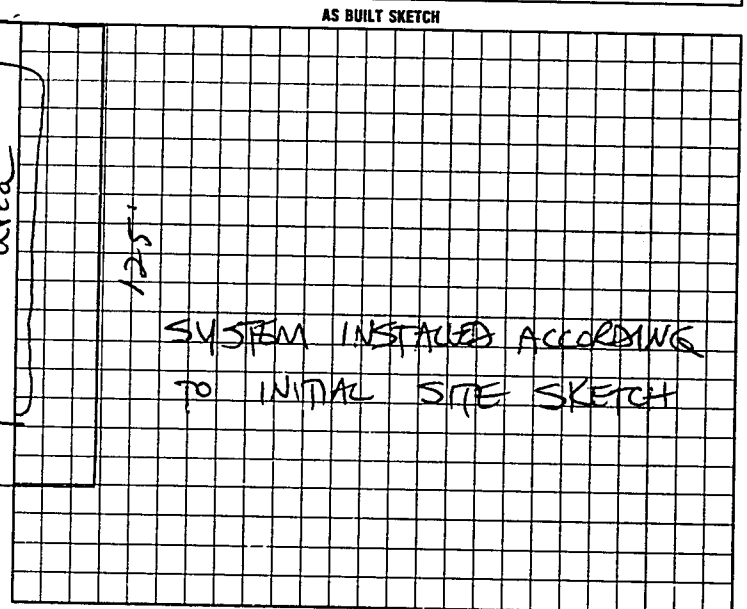
NEIGHBORING WELL 90'

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.

Signed: ____

Improvement Permit by: P.C. Moore date 12-7-95

~~Existing System Inspection~~ Authorization To Const. by: P.C. Moore date 12-7-95

Installed by: TOMMY FRYE

Certificate of Completion by: ____ date ____

Operation Permit by: STEVE HEDRICK date 3-26-96

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

Authorization to Const. Expires 6 mos from date of issue