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. 2294H 065724 DATE 1-11-96 TAX MAP NO. 6C-6-A-58

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

ADDRESS 120 HICKORY POINT COURT, STATESVILLE, NC 28677 Watershed: ☐ Yes ☑ No

LOCATION I-40 W, TL OLD MOUNTAIN ROAD, TL RUMPLE DRIVE, TR STONEFIELD DRIVE, LOT ON RIGHT (II)

SUBDIVISION LIPPARD SPRINGS BLOCK / SECTION III LOT 58 LOT AREA ~161 X212' SITE CLASS CS DESIGN FLOW 360 L.T.A.R. 0.30 gpd/ft²

Septic Tank: 1000 Gallons: STB 1012 Date 3-8-97

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 4 Square Feet 1200 Linear Feet 400

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

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

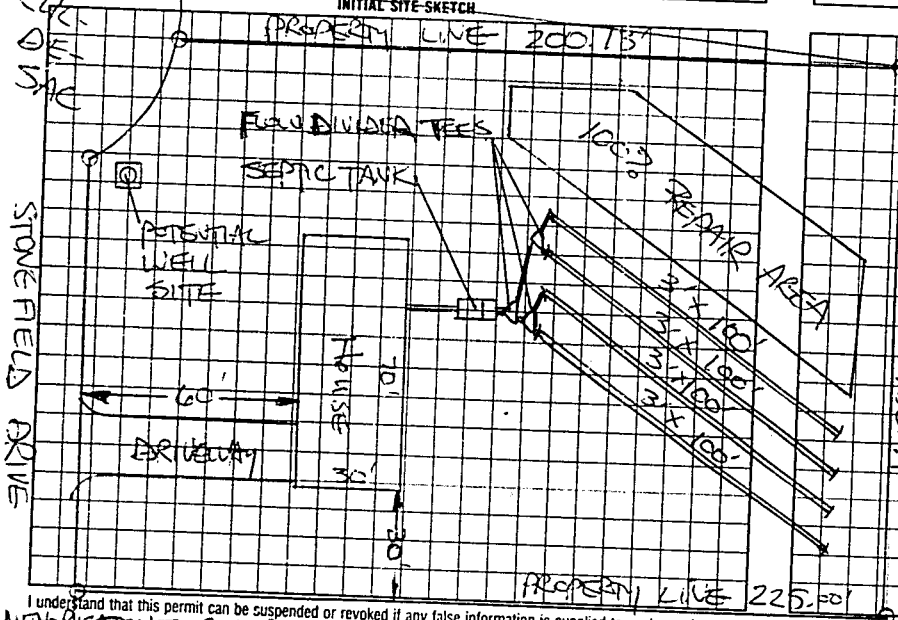
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public WELL

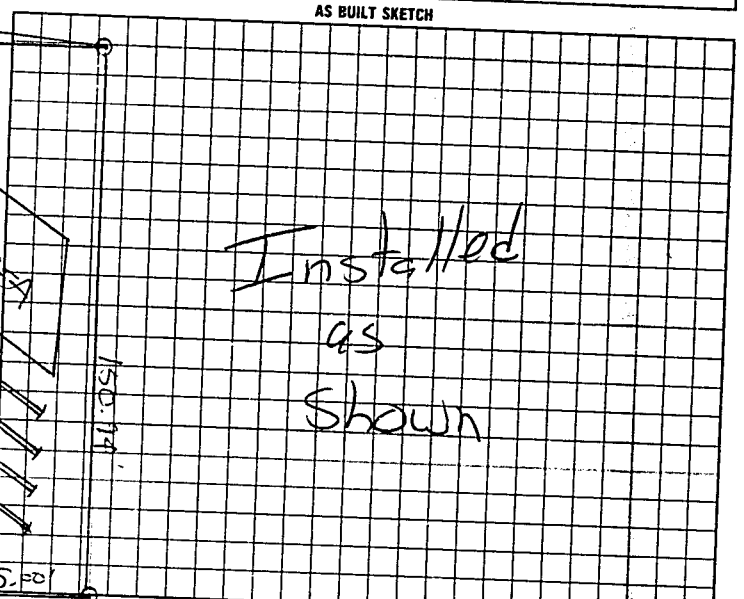
Comments:
① USE THREE FLOW DIVIDER TEES TO ACHIEVE EQUAL DISTRIBUTION INTO EACH OF FOUR LINES.
② KEEP SYSTEM MINIMUM 100' FROM WELL

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: [signature]

Improvement Permit by: STEVE HEDRICK date 1-11-96 Installed by: Jimmy Fine

Authorization to Construct STEVE HEDRICK date 4-10-96 Certificate of Completion by: ____ date ____

Existing System Inspection by: ____ Operation Permit by: Mark C. Daft RS date 5-8-97

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