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. 22909 DATE 1-11-96 TAX MAP NO. 6C-6-A-56 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR HERITAGE BUILDING 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, STONEFIELD DRIVE, LOT ON LEFT (TR)

SUBDIVISION LIMARA SPRINGS BLOCK / SECTION III LOT 56 LOT AREA 125'x225' SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB ____ Date 12-26-96

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 18-36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: CONVENTIONAL - GRAVITY

Repair System Description: CONVENTIONAL PUMP

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

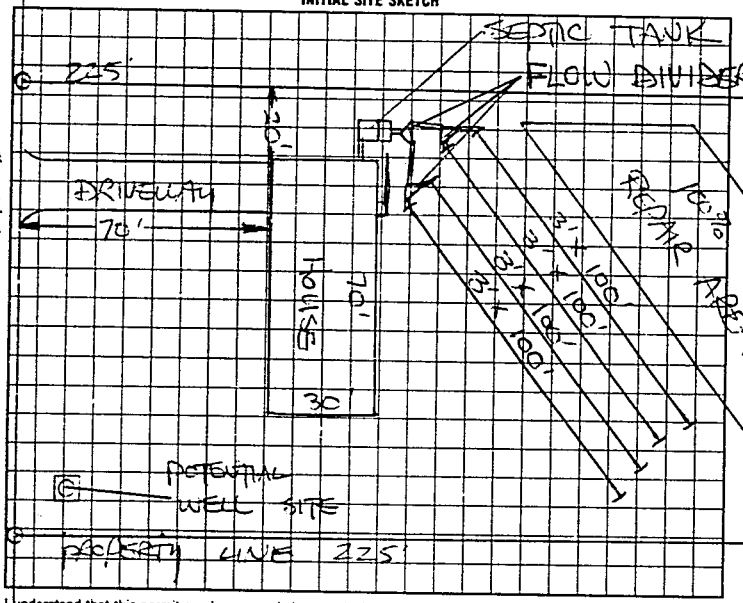
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public WELL

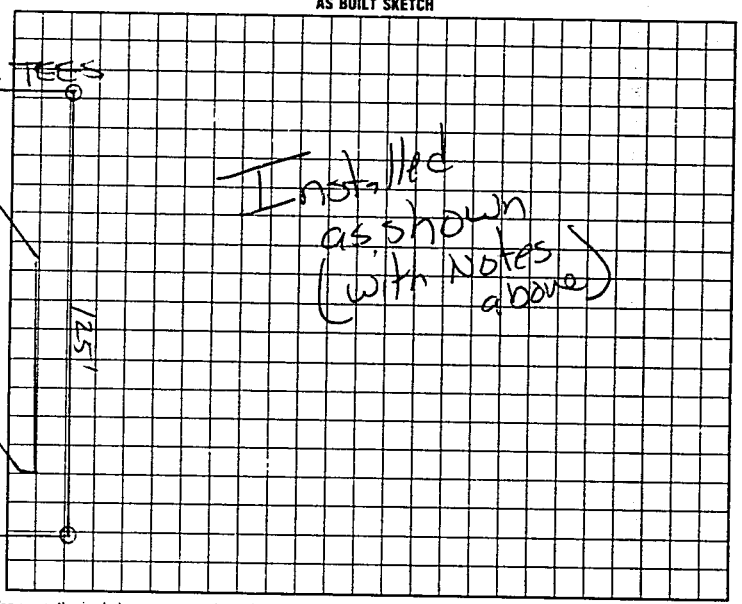
Comments: ① USE THREE FLOW DIVIDER TEES TO ACHIEVE EQUAL DISTRIBUTION INTO EACH OF FOUR LINES ② KEEP SYSTEM MINIMUM 100' FROM WELL

Comments: Stubout changed to Back of house
Changed to D.B. Box - even flow
upper two lines deep

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

Authorization to Construct ____ date ____

Existing System Inspection by: STEVE HEDRICK date 4-10-96

Installed by: Tommy Fryc

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

Operation Permit by: Mark Cox RS date 4-2-97

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