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. 2-2910-069027 DATE 1-11-96 TAX MAP NO. 6C-6-A-57

OWNER OR CONTRACTOR HERITAGE BLDG. CO. PHONE: Business 881-3169 Home 528-6644 Watershed: ☐ Yes ☑ No

ADDRESS 120 HICKORY POINT CT., STATESVILLE, NC 28677

LOCATION I-40 W, TL OLD MOUNTAIN RD, TL RUMPLE DR, TR STONEFIELD DRIVE, LOT ON LEFT (12TH)

SUBDIVISION LIPPARD SPRINGS BLOCK / SECTION III LOT 57 LOT AREA ~128 x 225' SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 8-25-97

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model ~~EQUIPMENT~~ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 70 1250 Linear Feet 300

No Lines 3 Trench Width 36" Max Trench Bottom Depth 24 - 36 Gravel Depth N/A

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

System Description: CHAMBERED GRAVITY

Repair System Description: CONVENTIONAL PUMP

Maintenance Agreement Required: ☐ Yes ☑ No

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

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

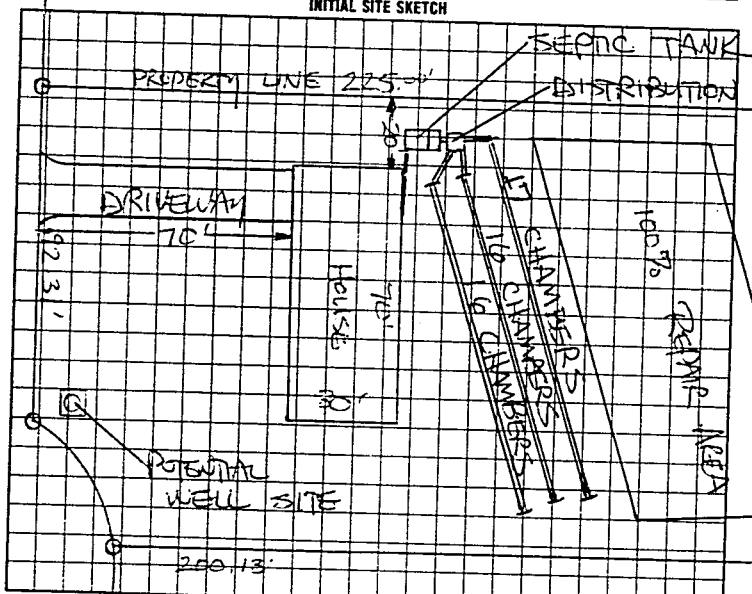
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public WELL

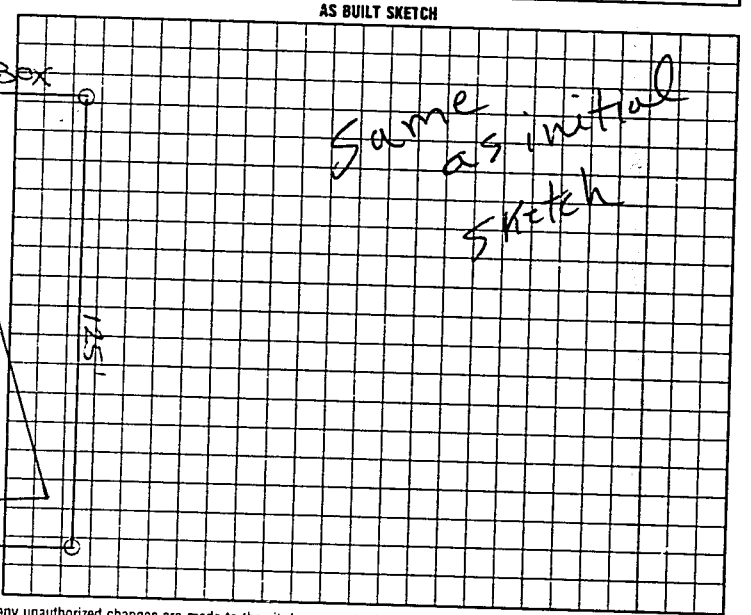
Comments: ① INSTALL 49 CHAMBERS IN THREE LINES AS SHOWN ON CONTOUR, NO DEEPER THAN 36".
② KEEP SYSTEM MINIMUM 100' FROM WELL.

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: _____

Improvement Permit by: STEVE HEDRICK date 1-11-96

~~AUTHORIZATION TO CONSTRUCT~~ Existing System Inspection by: STEVE HEDRICK date 4-10-96

Installed by: Tommy Frye

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

Operation Permit by: F. C. Moore date 11-12-97

HEALTH DEPT COPY WHITE — INSPECTION COPY (FINAL) GREEN — OWNER COPY (FINAL) YELLOW — INSPECTION COPY (INITIAL) PINK — OWNER COPY (INITIAL) BLUE