IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 100146 PIN# 4722.770243 DATE 5/14/01

OWNER OR CONTRACTOR Heritage Bldg Co PHONE: Business (704) 528-6644 Home —

ADDRESS 120 Hickory Ft Circle Statesville NC 28677

LOCATION I-40 E Old Mtn Rd, (L) Rumple Hill (R) Gippard Springs Circle on (R)

SUBDIVISION Gippard Springs BLOCK / SECTION — LOT 124 LOT AREA .6 SITE CLASS. PJ DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 1012 Date 4.22.01
Pump Tank: — Gallons: PT — Date —
Pump Make: — Model — Serial No —
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 40/10 Trench Width 36" Max Trench Bottom Depth 36

[X] New System [ ] Repair System Type: I (II) III IV V VI
System Description: Gravity; Conventional
Repair System Description: Gravity; 50% Reduction
Maintenance Agreement Required: [ ] Yes [X] No
Gravel Depth 12" [ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

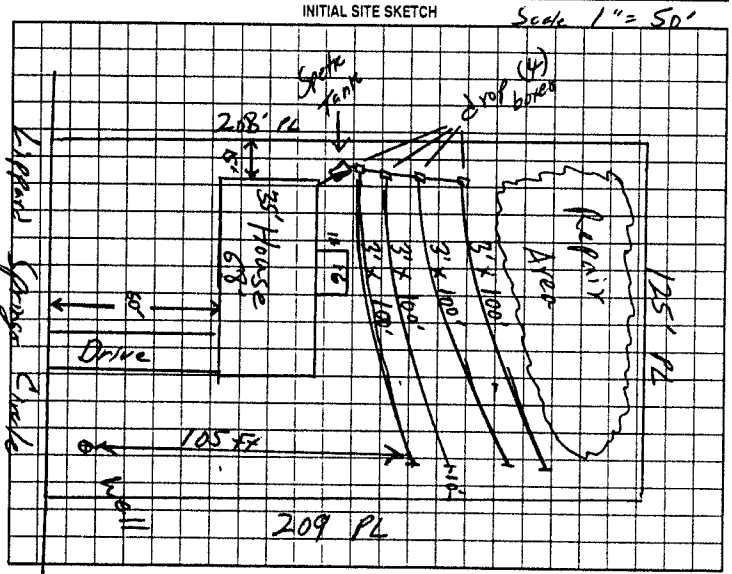
[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms —
[ ] Business No. Employees —
[ ] Other —

Water Supply: [X] Individual [ ] Public [ ] Community

Comments/Conditions: (1) Install lines on Contour (2) Keep 10ft From property lines (3) Keep lines 100ft From well

Comments/Conditions: POLYLOK FILTER & MARKER INSTALLED AS SHOWN

INITIAL SITE SKETCH Scale 1" = 50'



AS BUILT SKETCH

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. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: [signature] date 5-14-01 Installed by: TOMMY FAYE

Improvement Permit by: William O. Johnson date 5/14/01 Operation Permit by: [signature] PSE date 7-11-01

Authorization to Construct by: William O. Johnson date 5/14/01 Existing System Inspection by: — date —

HEALTH DEPT. COPY WHITE OWNER COPY (FINAL) YELLOW OWNER COPY (INITIAL) PINK