IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281 52481

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

PROPERTY DESCRIPTION NO. 18739 DATE 8-10-94 TAX MAP NO. 8K-9-A-20

OWNER OR CONTRACTOR Heritage Home Builders PHONE: Business _____ Home _____ Watershed: ☐ Yes ☑ No

ADDRESS 2192 Rowe-Schrum Lane Newton, N.C. 28658

LOCATION I40W TL Old Mtn. Rd TL Ridge Dr. TR Garrison Dr. 2nd lot on L

SUBDIVISION Spring Meadows BLOCK / SECTION _____ LOT 20 LOT AREA .82 acre SITE CLASS. P.S. DESIGN FLOW 360 L.T.A.R. .25 gpd/ft²

Septic Tank: 1000 Gallons: STB 55 Date 6-8-95

Pump Tank: — Gallons: PT — Date —

Pump Make: — Model — Serial No. —

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480'

No Lines 6 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

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

System Description: Conventional, gravity fed

Repair System Description: " "

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees _____

☐ Other _____

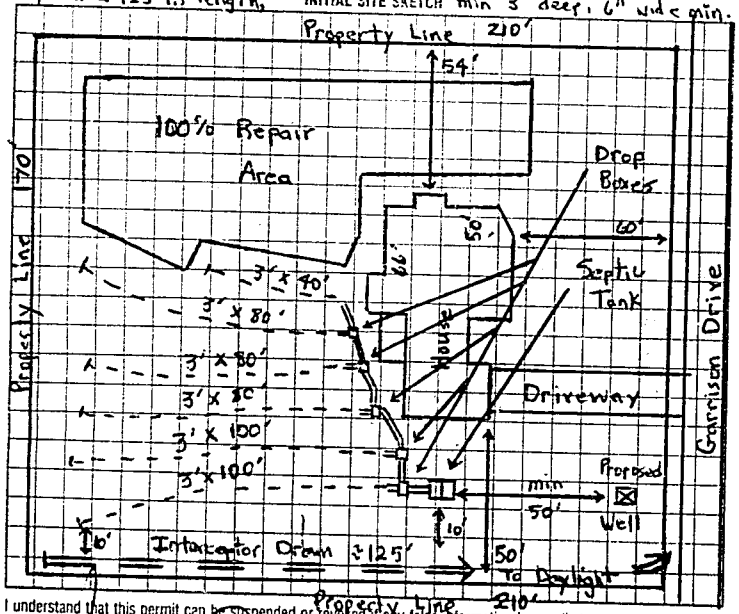
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: INSTALL SYSTEM SHALLOW (no deeper than 24" to trench bottom) Keep lines and Trenches on contour. Keep system min 5' from foundation of home, 10' min. from all property lines, 50' from any well, and 10' from Interceptor drain. Install interceptor drain around system ≈ 125' in length.

Comments: Well not located at time of inspection, keep it required distance from any septic system or Repair Area

INITIAL SITE SKETCH



AS BUILT SKETCH

6" of surface 100% Repair below system, conventional, gravity fed.

* Call for inspection of interceptor drain before installing pipe and gravel. *

SAME AS INITIAL SKETCH

Inspected septic system on 8-2-95

Inspected trench for Interceptor drain on 8-2-95

Inspected finished Interceptor drain on 8-3-95.

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. Improvement permit is valid for 60 months from date of issuance.

Signed: X _____

Improvement Permit by: Michael F. Dennis / Steve Hedrick date 8-10-94

Existing System Inspection by: _____ date _____

Installed by: Kennedy Grading

Certificate of Completion by: Michael F. Dennis date 8-3-95

Operation Permit by: _____ date _____

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