This permit voids previously issued permit dated 9-16-00.

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (C-1) MOORESVILLE 704-664-5281

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

PERMIT# 091766 PIN# 4935-38 ~~2906~~ 2906 DATE 6/2/04

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

ADDRESS 120 Hickory Point Ct Statesville N.C 28677

LOCATION Hwy 115 N @ Chipley Ford Rd, @ Canopy Oak Lane, @ Upper Oak Drive, 3rd lot on Right

SUBDIVISION Meadow Oaks BLOCK / SECTION 2 LOT 85 LOT AREA 0.582 Ac SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .30 g.p.d/ft²

Septic Tank: 1,000 Gallons; STB 1012 Date 6-12-04
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 480 to 1600 Linear Feet 400
No Lines 4 (four) Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: Gravity, 25% Reduction
Repair System Description: Pump, LP Panels
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 3½
☐ Business No. Employees ____
☐ Other _____

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

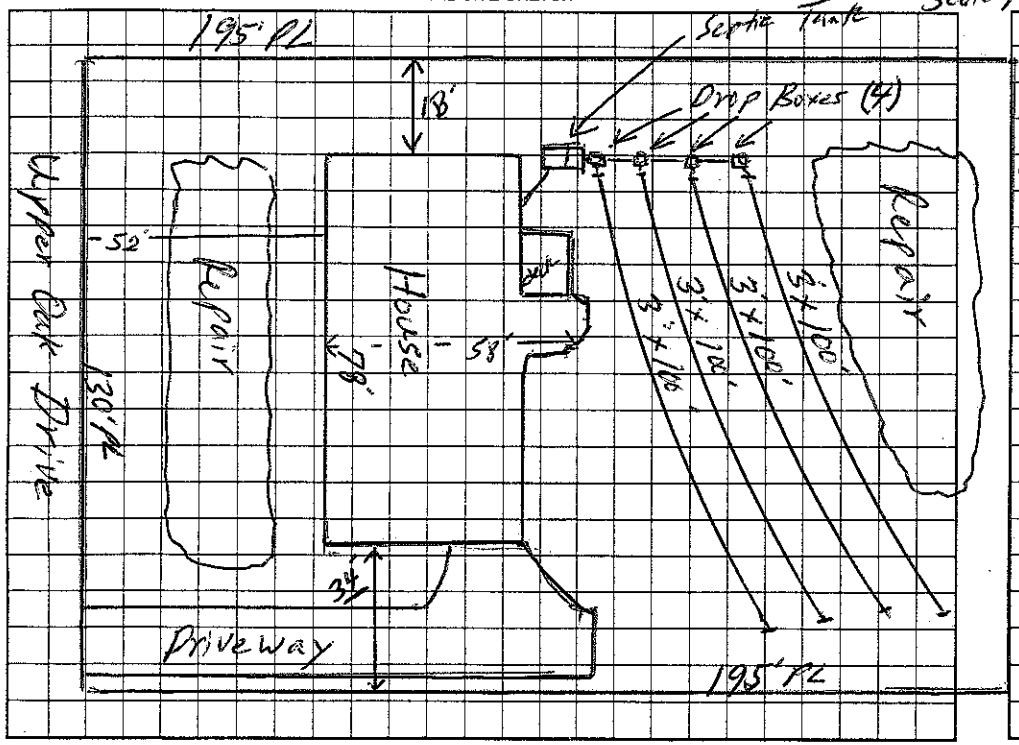
Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions:

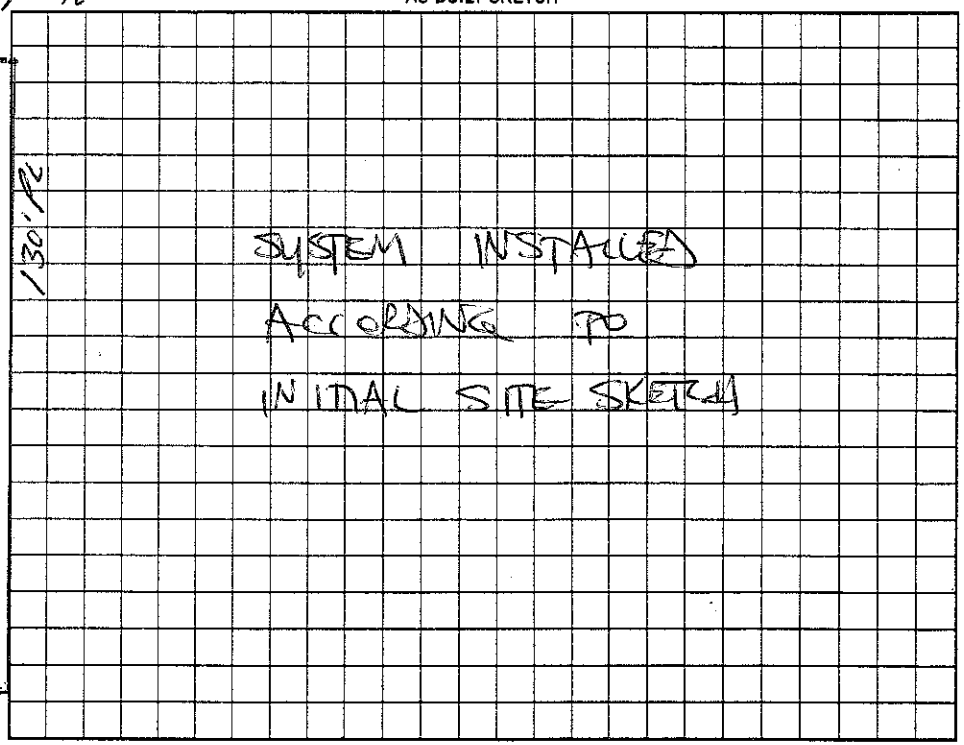
Comments:/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "TUFFITE" FILTER

INITIAL SITE SKETCH

Scale 1"=40'



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: _____ date _____

Improvement Permit by: William O. Johnson date 6/2/04

Authorization to Construct by: William O. Johnson date 6/2/04

Installed by: TOMMY FRYE

Operation Permit by: STEVE HENDRICK date 10-22-04

Existing System Inspection by: _____ date _____

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