IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT VOIDS PREVIOUS ISSUED 9-16-2000

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

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

PERMIT# 09176/28470 PIN# 4735392038 DATE 3-11-05

OWNER OR CONTRACTOR HERITAGE BUILDING COMPANY PHONE: Business 704-902-4680 Home 704-528-6644

ADDRESS 120 HICKORY POINT CT, STATESVILLE, NC 28677

LOCATION NC 115 N TR S/ CHRISLEY FORD, TL CANOPY OAK, TL UPPER OAK, 2ND LOT ON RIGHT

SUBDIVISION MEADOW OAKS BLOCK / SECTION II LOT 86 LOT AREA 0.582 ACRE SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1017 Date 3-21-05

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet EQ TO 1600 Linear Feet 400

No Lines SIX Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: 25% REDUCTION GRAVITY

Repair System Description: 50% REDUCTION, LOW PRESSURE

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 4 No. Bathrooms ____ No. Employees ____

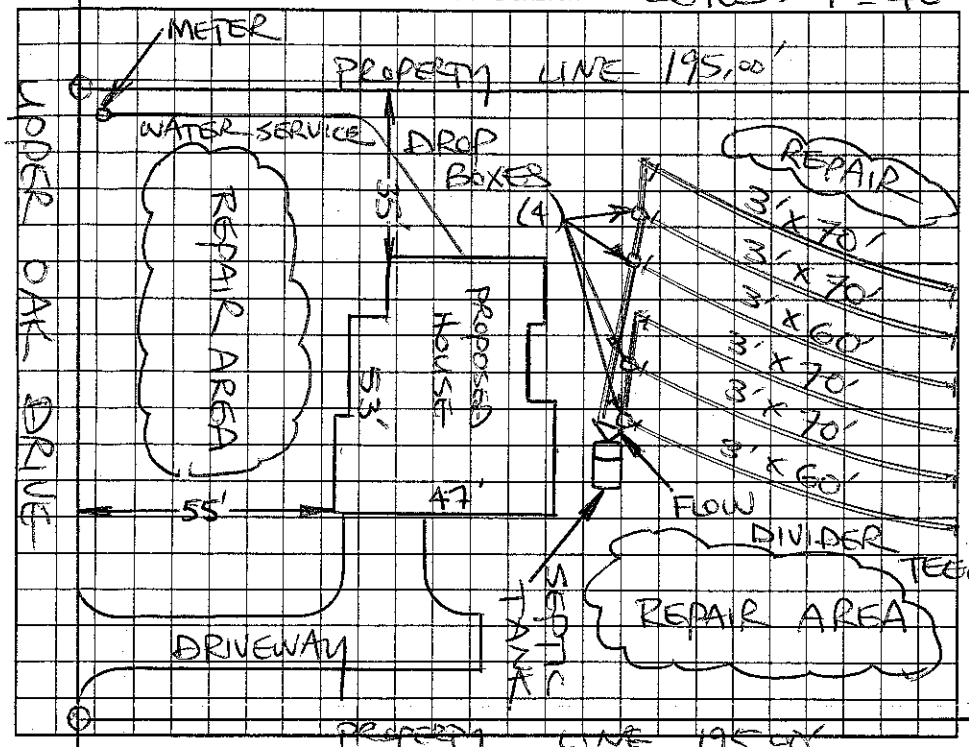
Water Supply: ☐ Individual ☒ Public ☐ Community

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

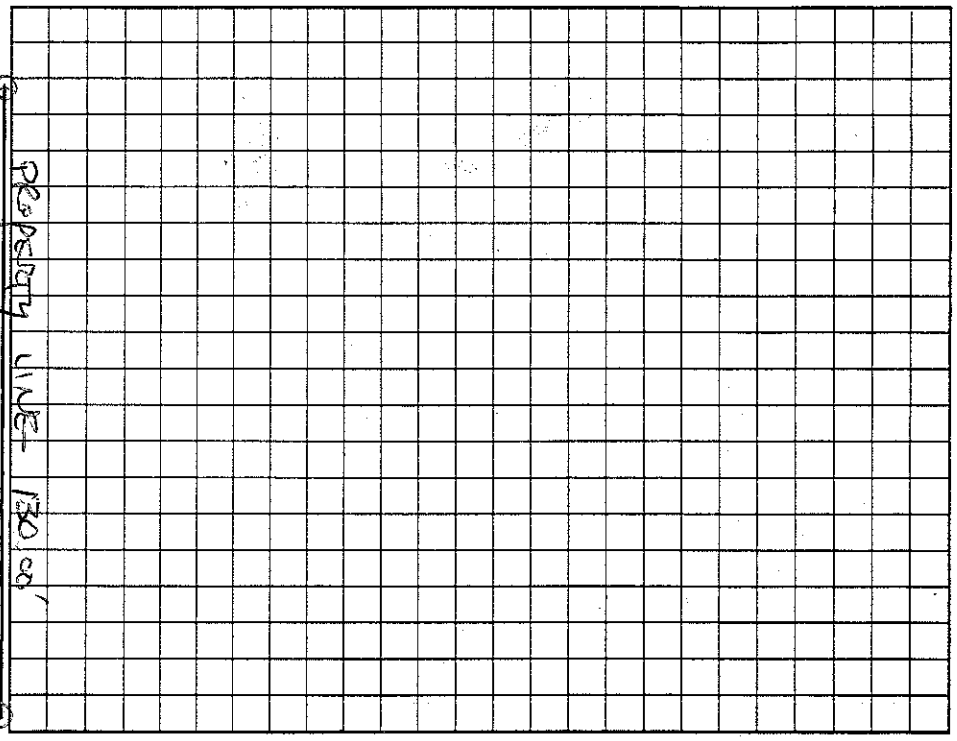
Comments:/Conditions: INSTALL 25% REDUCTION SYSTEM AS SHOWN ON CONTOUR,

Comments:/Conditions: INSTALLED AS DRAWN
TUFFTITE FILTER + MARKER

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 3-11-05 Installed by: TOMMY TRUE

Improvement Permit by: STEVE HEDRICK date 3-11-05 Operation Permit by: _____ date 10-5-05

Authorization to Construct by: STEVE HEDRICK date 3-11-05 Existing System Inspection by: _____ date _____

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