IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (C1) MOORESVILLE 704-664-5281

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

PERMIT# 119742 PIN# 4766-64-3729 (PART) 4766-65-8695 DATE 4-27-04

OWNER OR CONTRACTOR ANNETTE HEAGGANS PHONE: Business 704-682-3943 Home 704-871-9052

ADDRESS 148 SPARROW ROAD, STATESVILLE NC 28625

LOCATION US 64 E, TL RIVERHILL RD, TL CHESTNUT GROVE ROAD, 0.5 MILE ON LEFT (1ST LOT PAST SEVEN SPRINGS)

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 94.42 ACRES SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1007 Date 10-20-04
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 540
No Lines SIX Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: 50% REDUCTION PUMP
Maintenance Agreement Required: ☐ Yes ☑ No LOW-PRESSURE

☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees ____
☐ Other

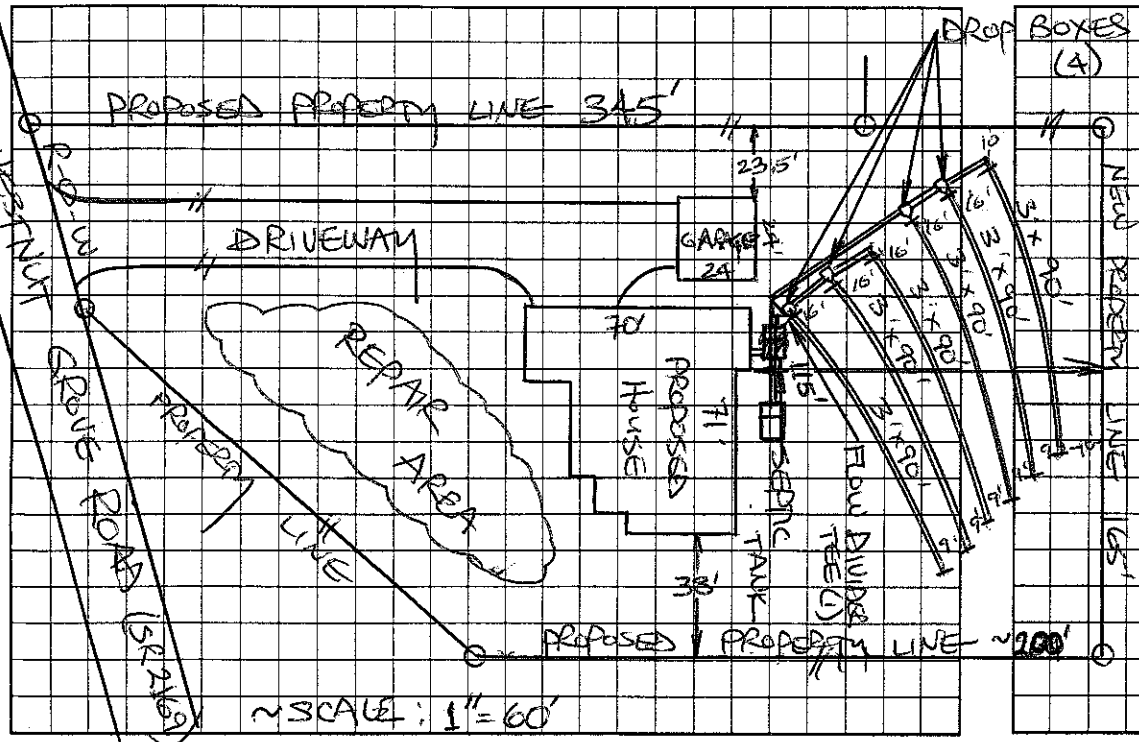
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

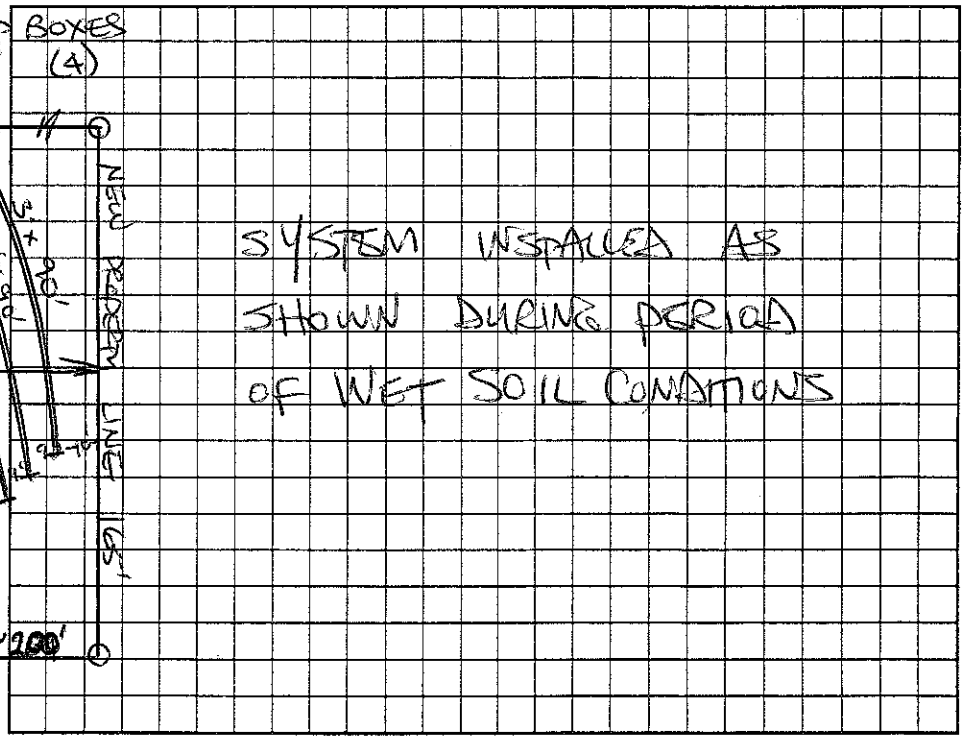
Comments:/Conditions: USE ONE FLOW DIVIDER TEE TO ACHIEVE EQUAL DISTRIBUTION INTO TWO SETS OF DRP BOXES FEEDING THREE LINES EACH. INSTALL LINES ON CONTOUR AS FLAGGED.

Comments:/Conditions: SEPTIC TANK WITH RISER INSTALLED USING "ZABEL" FILTER

INITIAL SITE SKETCH



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: Annette Heaggans date 4-27-04 Installed by: TOMMY COTHREN

Improvement Permit by: STEVE HEDRICK date 4-27-04 Operation Permit by: STEVE HEDRICK date 11-29-04

Authorization to Construct by: STEVE HEDRICK date 4-27-04 Existing System Inspection by: _____ date _____

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