IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 142887 PIN# 4646414501 DATE 6-20-07

OWNER OR APPLICANT Eagle I. Enterprises PHONE: Business _____ Home _____

ADDRESS 9806 Devonshire Drive Huntersville, NC 28078

LOCATION US21 South Cross over I-77 (turns to Williamson Rd) TL Alcove TR Catalina TL Knox Haven at end

SUBDIVISION Knox Haven BLOCK / SECTION _____ LOT 4 LOT AREA .63 Acre SITE CLASS. DS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 7-12-07
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: Gravity - 25% Reduction
Repair System Description Grav/Pump 25% - 50% Reduction
Maintenance Agreement Required: ☐ Yes ☐ No

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

Water Supply: ☐ Individual ☐ Public ☒ Community

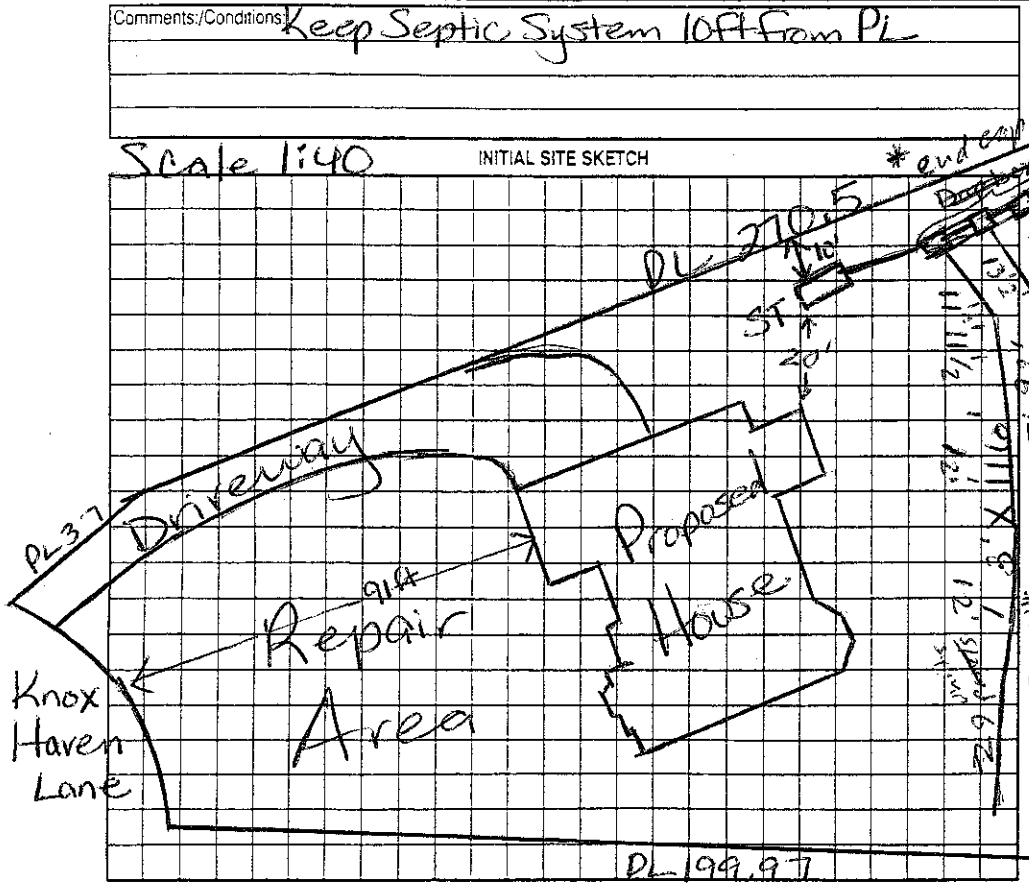
☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions: Keep Septic System 10ft from Pl

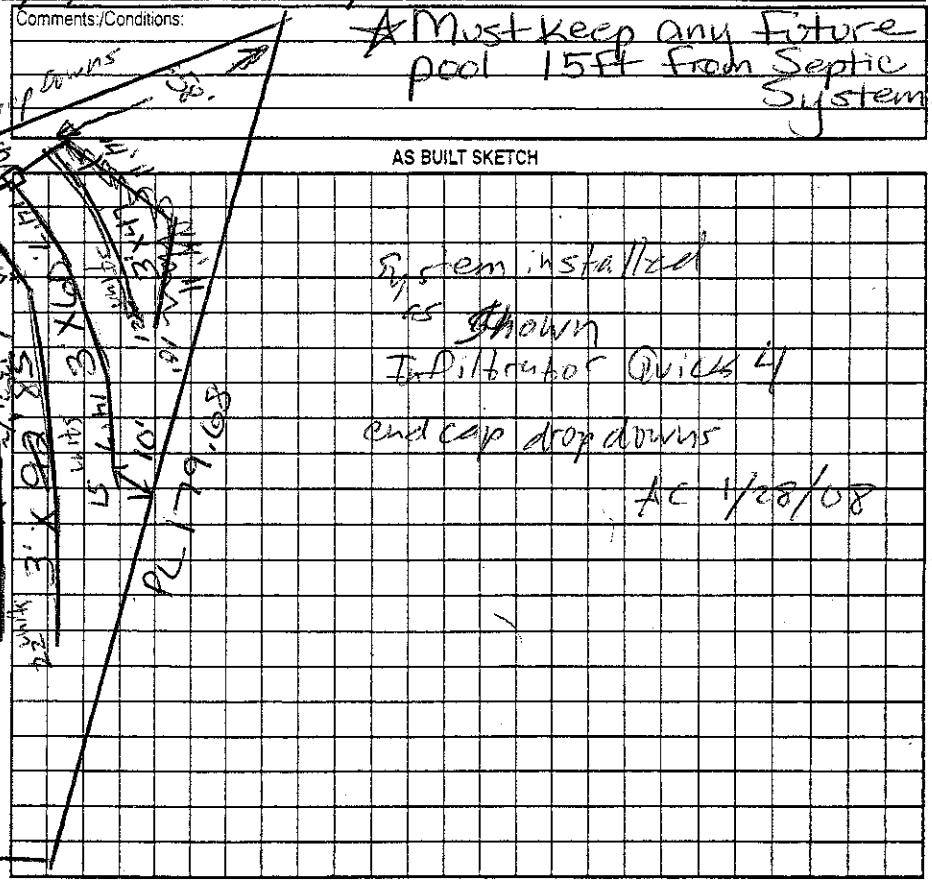
Comments/Conditions: * Must keep any fixture pool 15ft from Septic System.

Scale 1:40

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: _____ date 6/22/07 Installed by: Steve Jordan

Improvement Permit by: Maria H. Nelson RS date 6/20/07 Operation Permit by: Anthony Church date 1/28/08

Authorization to Construct by: Maria H. Nelson RS date 6/20/07 Existing System Inspection by: _____ date _____

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