IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 107658 PIN# 4705-30-2694 DATE 7/25/02

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

ADDRESS 120 Hickory Point Ct Statesville N.C. 28677

LOCATION I-40W @ on 115 N to Rt @ on Alpine Circle Turn Left into Subdivision lot on Right

SUBDIVISION Alexander Knoll BLOCK / SECTION 1 LOT 34 LOT AREA .645 Ac. SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .30 gpd/ft2

Septic Tank: 1000 Gallons; STB 1012 Date 8-11-02

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300'

No Lines 4 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, 25% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

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

Water Supply: ☒ Individual ☐ Public ☐ Community

Linear Ft

Comments:/Conditions:

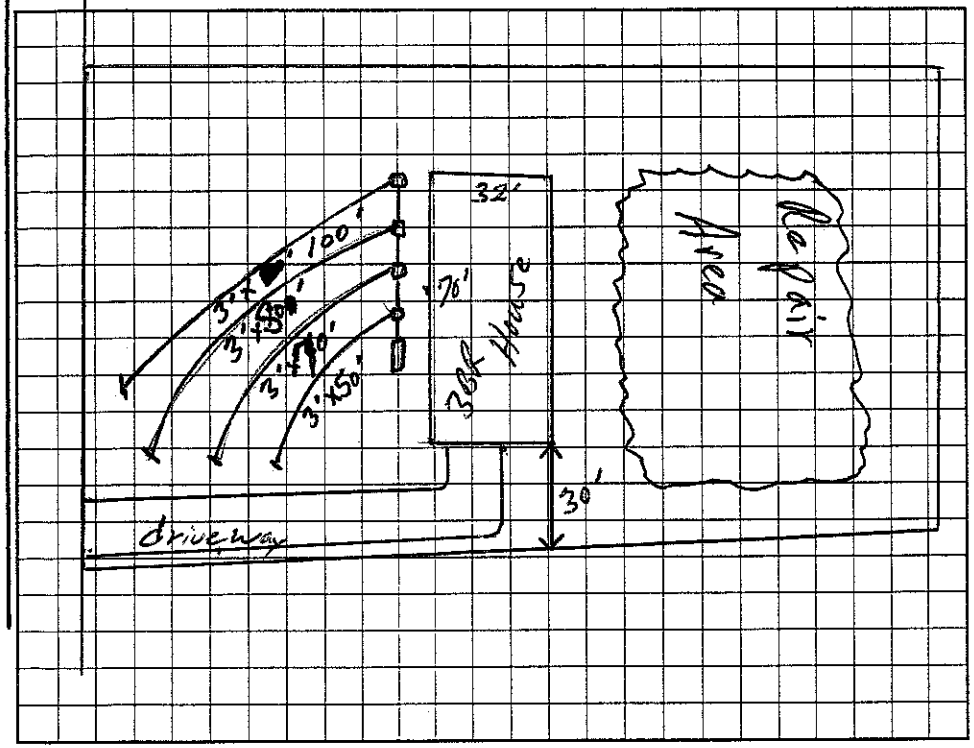
- Install Lines on Contour
- Maintain proper Setbacks

Comments:/Conditions:

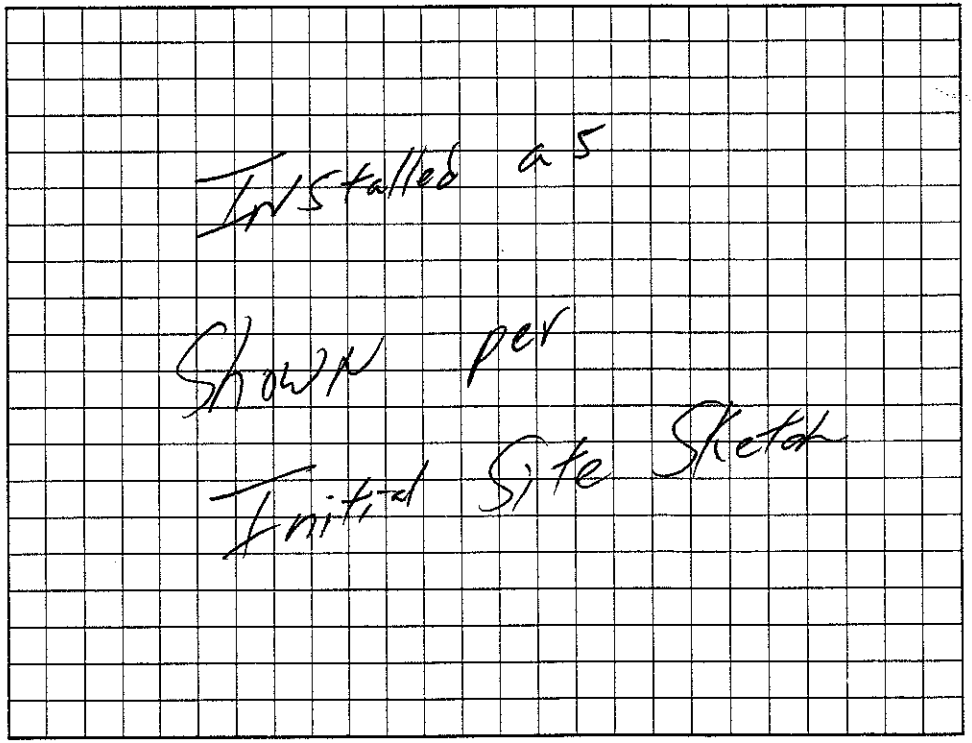
(Low $0,705a)

- Installed 300 ft E-2-Clay
- Tuff-Tite filter Installed
S.T. marker Installed

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 9/9/02 Installed by: Tommy Frye

Improvement Permit by: William O. Johnson date 7/25/02 Operation Permit by: William O. Johnson date 3/28/03

Authorization to Construct by: William O. Johnson date 7/25/02 Existing System Inspection by: _____ date _____

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