IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 102090 PIN# 4705-30-2797 DATE 6/3/03

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

ADDRESS 120 Hickory Point Cir. Statesville, N.C. 28677

LOCATION I-40 W, (R) Old NC 115, (R) on Alpine, 1st road to left, Lot on Right

SUBDIVISION Alexander Knoll BLOCK / SECTION — LOT 36 LOT AREA .646 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1,000 Gallons; STB 1012 Date 3-3-03
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No. Fields 1 Square Feet Equiv 600 Linear Feet 360
No Lines Five (5) 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: Gravity, 25% Reduction
Repair System Description: Pump 25% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No

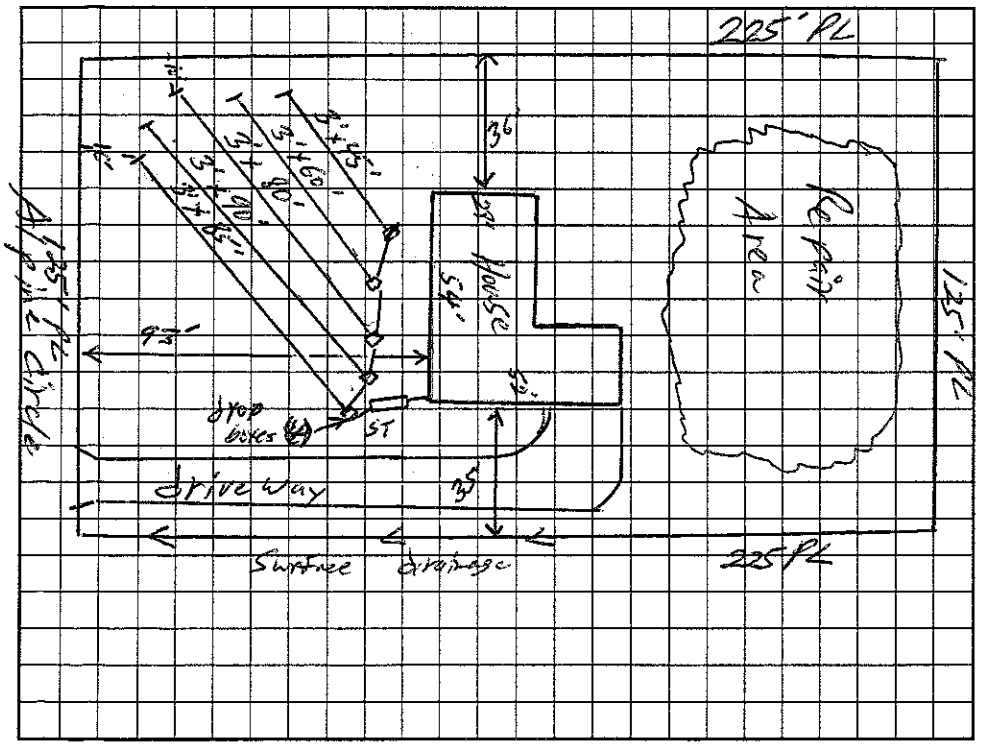
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

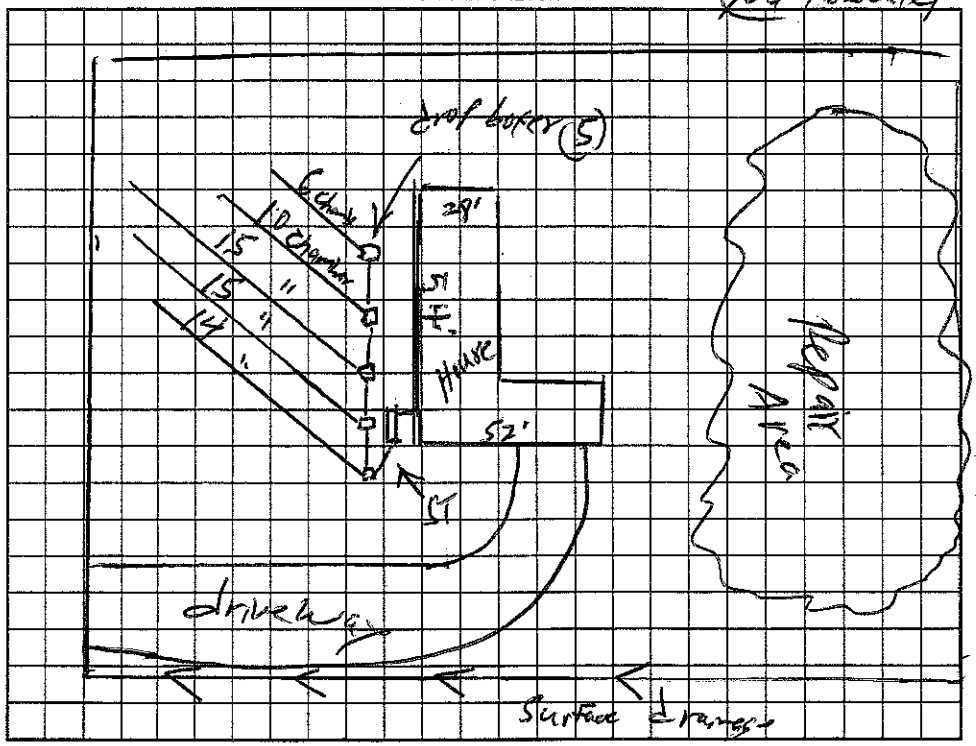
Comments:/Conditions:

Comments:/Conditions: - ST Marker Installed
- Tuff-Tite Filter Installed
- 60 In Filtrator Chambers Installed

INITIAL SITE SKETCH



AS BUILT SKETCH (not to Scale)



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 6-9-03 Installed by: Tommy Frye

Improvement Permit by: William O. Johnson date 6/3/03 Operation Permit by: William O. Johnson date 9-22-03

Authorization to Construct by: William O. Johnson date 6/3/03 Existing System Inspection by: date

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