# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 112268 PIN# 4705-30-7638 DATE 11/3/03

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

ADDRESS 120 Hickory Point Court Statesville NC 28677

LOCATION I-40W, R Old Mtn Rd, L Alpine Crk on Left

SUBDIVISION Alexander Knoll BLOCK / SECTION — LOT 29 LOT AREA .75 Acre SITE CLASS. P5 DESIGN FLOW 360 L.T.A.R. .30

Septic Tank: 1,000 Gallons; STB 1012 Date 8-18-03
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model Equate Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300
No Lines 4 Trench Width 36" Max Trench Bottom Depth 30" 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

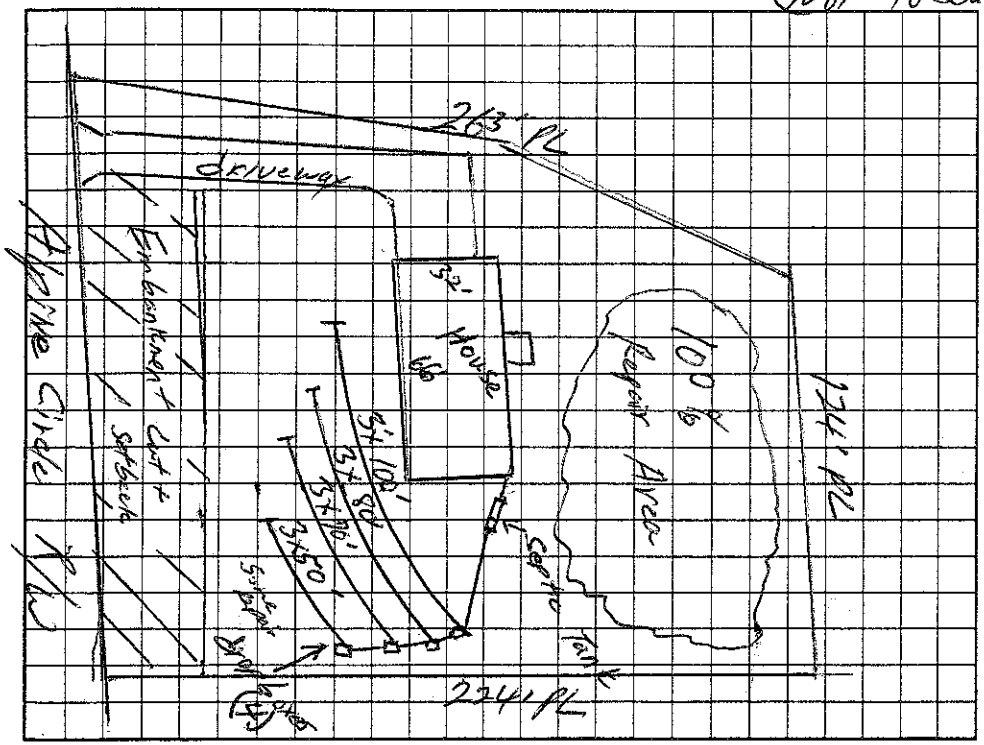
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

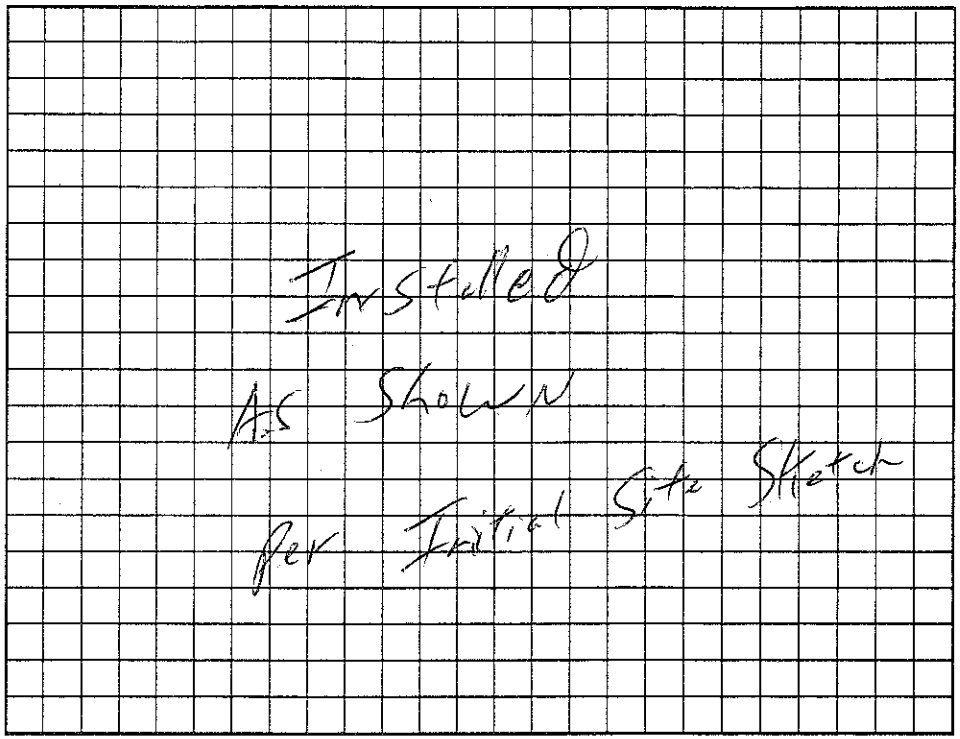
Comments:/Conditions: ① Install lines on Contour ② Maintain Proper Setbacks

Comments:/Conditions: — Tuff - Tite Filter Installed
— ST marker Installed
— Install Infiltrator Chambers (4)

INITIAL SITE SKETCH (Not to Scale)




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 _____ Installed by: T. Frye

Improvement Permit by: William O. Johnson date 11/3/03 Operation Permit by: William O. Johnson date 3-1-04

Authorization to Construct by: William O. Johnson date 11/3/03 Existing System Inspection by: _____ date _____

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