IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 141439 PIN# 4705-30-7887 DATE 22 MARCH 07

OWNER OR APPLICANT Heritage Building Co. of Statesville PHONE: Business 704-902-4680 Home 704-528-6644

ADDRESS 120 Hickory Point Court Statesville, N.C.

LOCATION 122 Alexander Knoll Dr.

SUBDIVISION Alexander Knoll BLOCK / SECTION 2 LOT 60 LOT AREA 0.595 SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. 0.3 gpd/ft²/d

Septic Tank: 1000 Gallons; STB 1012 Date 1007

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 3 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: 2590 Reduction

Repair System Description: 2590 Reduction

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

Water Supply: ☐ Individual ☑ Public ☐ Community

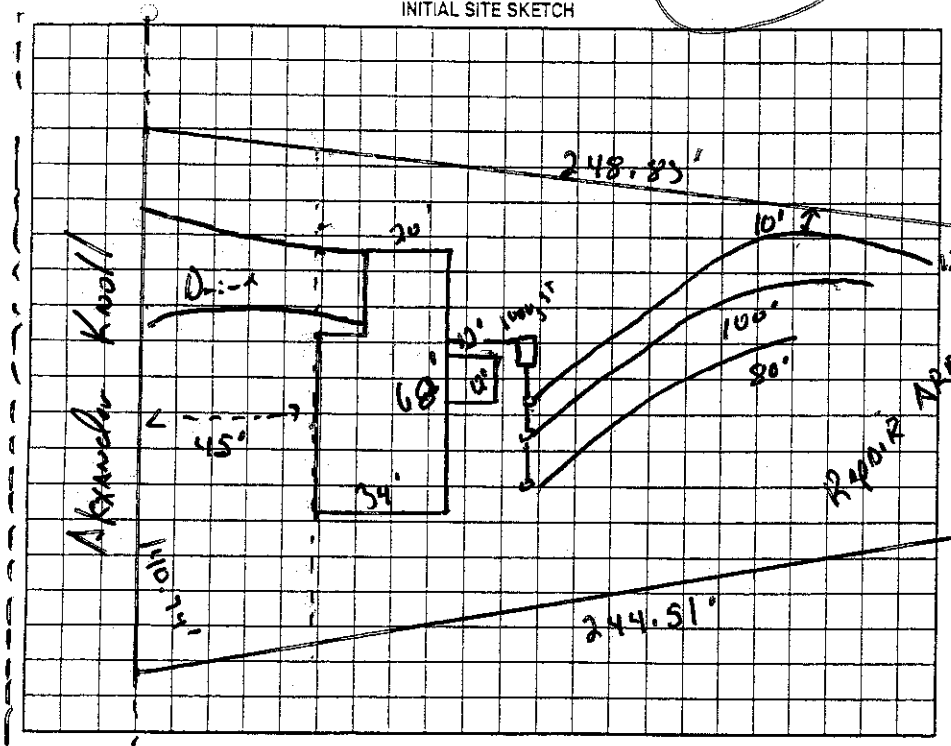
☐ Gravity ☐ Pressure ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: Follow contour

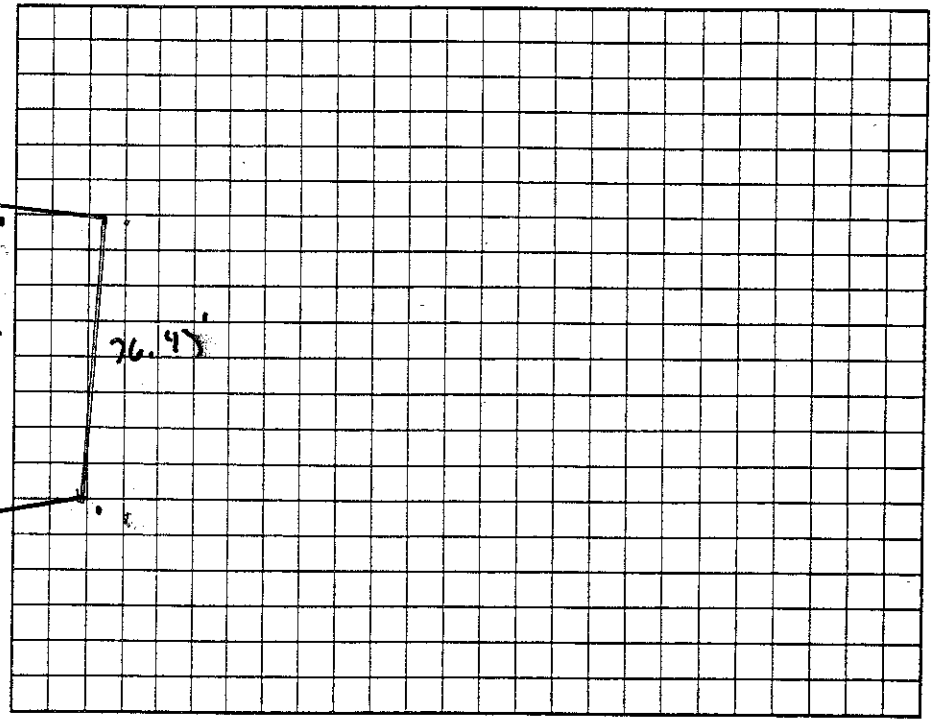
1" = 50'

Comments:/Conditions: Yellow Septic Tank Lid

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 23 March 07 Installed by: Young Hoyle

Improvement Permit by: _____, R.S. date 22 March 07 Operation Permit by: _____ date 6/21/07

Authorization to Construct by: _____, R.S. date 22 March 07 Existing System Inspection by: _____ date _____

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