IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 86895 PIN# 4705316093 DATE Jan 12-2000

OWNER OR CONTRACTOR Heritage Bldg Co. PHONE: Business _____ Home 528 6644

ADDRESS 120 Hickory Point Ct Statesville NC

LOCATION Old Mt Rd North (R) Alpine Cr Lot on Left

SUBDIVISION Alexander Knoll BLOCK / SECTION _____ LOT 27 LOT AREA .58 SITE CLASS 5 DESIGN FLOW 360 L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 1012 Date 10 20 99

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"

☒ New System ☐ Repair System Type: I. II (III) IV. V. VI

System Description: 25% Reduction Gravity

Repair System Description: Pump - Conv. Possible

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth N/A

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

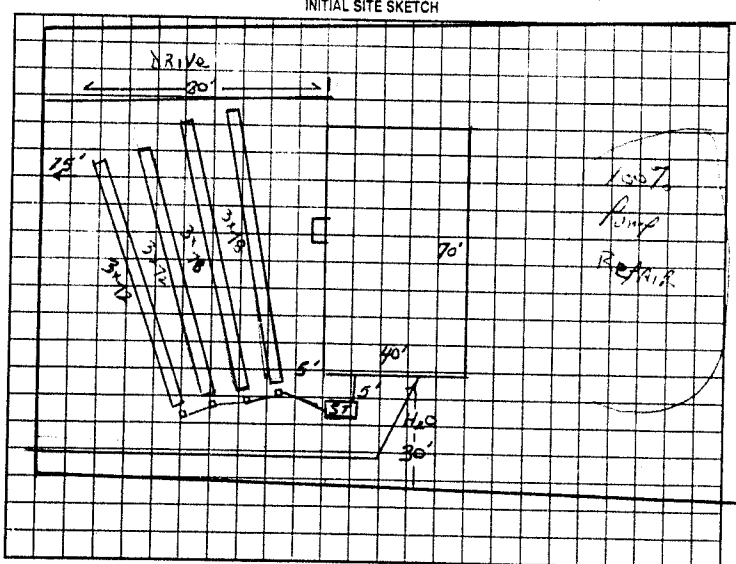
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

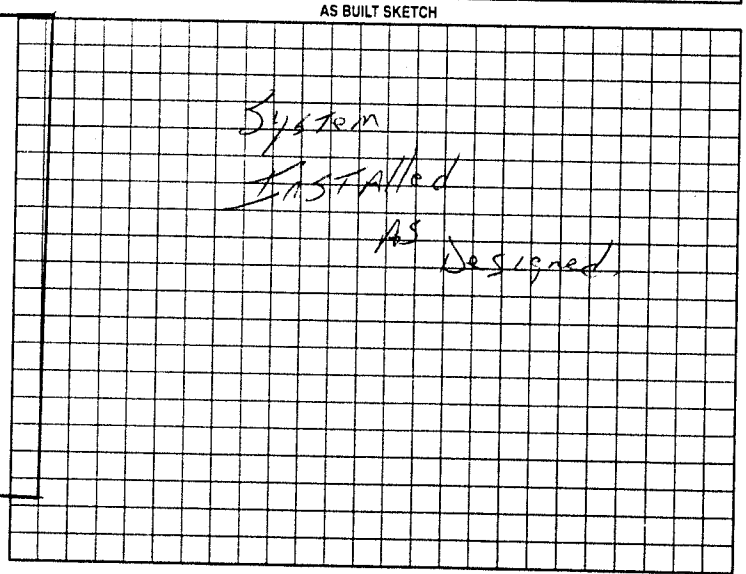
Comments/Conditions: INSTALL ON CONTOUR
50 Chambers or 30 HDS Sections
Top 2 Lines 13 Chambers Each Bottom 2 Lines 12 Chambers

Comments/Conditions

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 1-19-00 Installed by: Tommy Fryc

Improvement Permit by: C Potter date Jan 12, 2000 Operation Permit by: C Potter date March 31, 2000

Authorization to Construct by: C Potter date Jan 12 2000 Existing System Inspection by: _____ date _____

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