IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 102091 PIN# 4705-30-3809 DATE 10/23/01

OWNER OR CONTRACTOR Heritage Building Co PHONE: Business (704) 528-6644 ~~Home~~ Cell # 902-0880

ADDRESS 120 Hickory Point Ct Statesville, NC 28677

LOCATION I-40 N to OMR past Brookdale X roads, @ Alpine Circle, take first left lots on right

SUBDIVISION Alexander Knoll BLOCK / SECTION — LOT 36 37 LOT AREA .645 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .30

Septic Tank: 4000 Gallons: STB 1012 Date 01/23/02
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields ___ Square Feet 1200' Linear Feet 300 Ft
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% Red.
Repair System Description: Pump, 25% Red.
Maintenance Agreement Required: ☐ Yes ☐ No

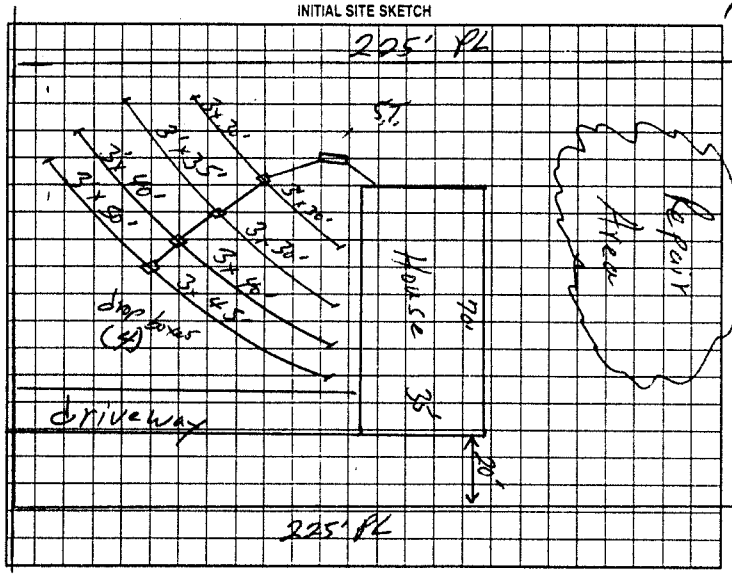
☐ House/Mod. Home No. Bedrooms ___
☐ Mobile Home No. Bathrooms ___
☐ Business No. Employees ___
☐ Other _____
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☐ Community

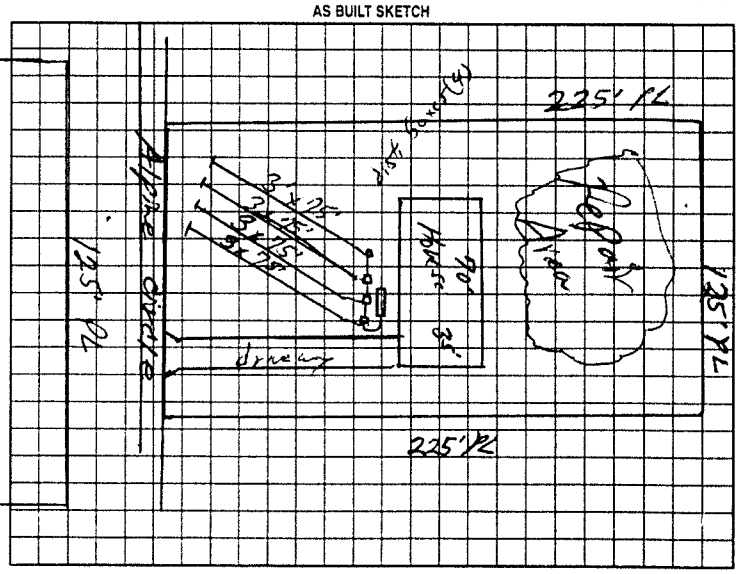
Comments:/Conditions: ① Install 25% Reduction System ② Do not Install when wet ③ Maintain proper setbacks

Comments:/Conditions: - Septic Tank Marker Installed - Poly Lok Filter Installed - 4 ft Filtrator Chambers Installed

INITIAL SITE SKETCH



AS BUILT SKETCH



Alpine Circle

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 12-6-01

Improvement Permit by: William O. Johnson date 10/23/01

Authorization to Construct by: William O. Johnson date 10/23/01

Installed by: William O. Johnson 6/3/02

Operation Permit by: Tommy Frye date _____

Existing System Inspection by: _____ date _____

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