IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 109987 PIN# 4705-31-3227 DATE 11/27/02

OWNER OR CONTRACTOR Heritage Bldg Co. PHONE: Business (704) 528-6644 Home Cell - 902-4680

ADDRESS 120 Hickory Place Court Statesville, NC. 28677

LOCATION I-40 W, (R) Old Mtn Rd (R) on Alpine Circle, take 1st Left, Lot on right.

SUBDIVISION Alexander Knoll BLOCK / SECTION 1 LOT 39 LOT AREA .646 Ac. SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .30

Septic Tank: 1,000 Gallons; STB 1012 Date 10-20-02
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model Equ. to Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300
No Lines 5@60' 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% Reduction
Repair System Description: Pump, LPP
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

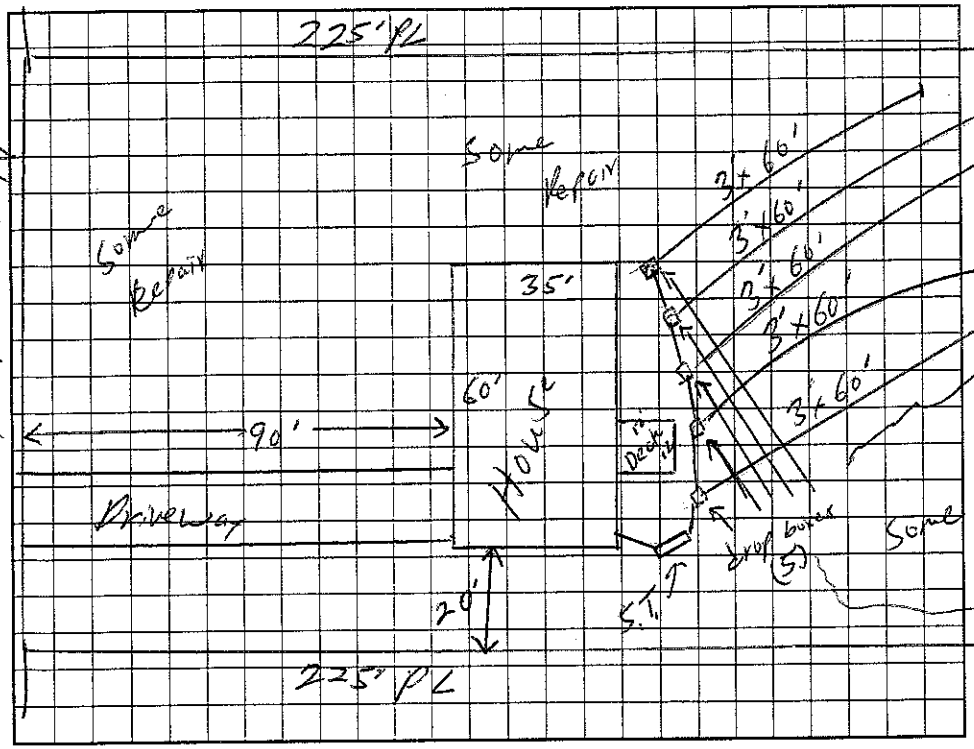
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

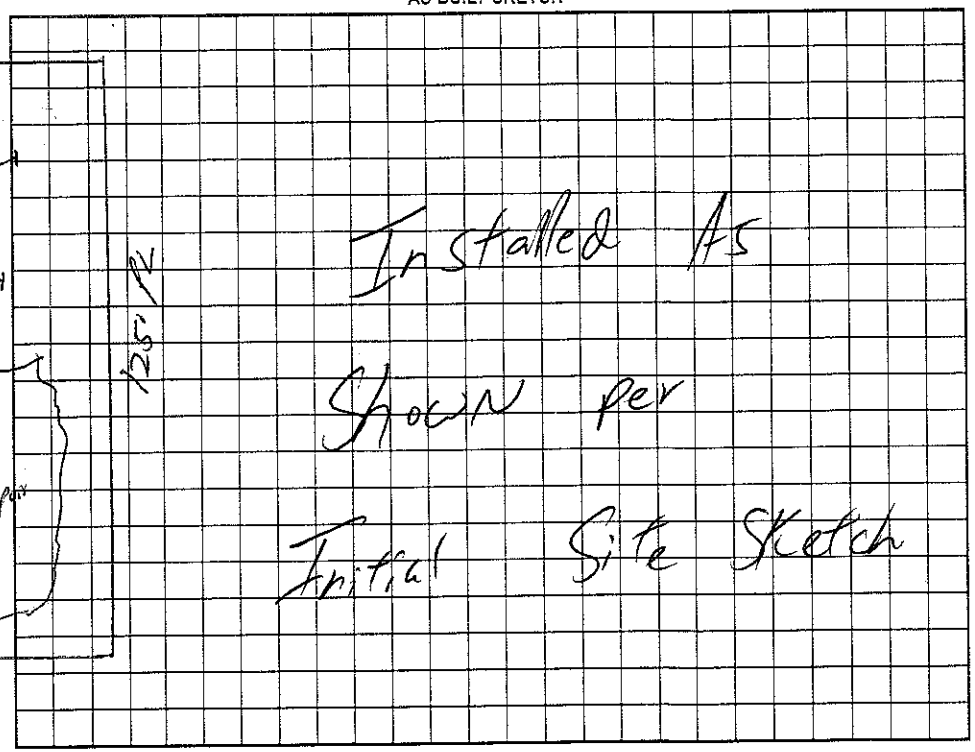
Comments:/Conditions: (1) Install Liner on contour (2) maintain proper setbacks

Comments:/Conditions: Tuff-Tite Sifter + ST marker Installed
300 Ft E-Z-Lay Installed
- Direct Gutter Drains away from Septic System

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 ____ Installed by: Tommy Frye

Improvement Permit by: William O. Johnson date 11/27/02 Operation Permit by: William O. Johnson date 5/15/03

Authorization to Construct by: William O. Johnson date 11/27/02 Existing System Inspection by: ____ date ____

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